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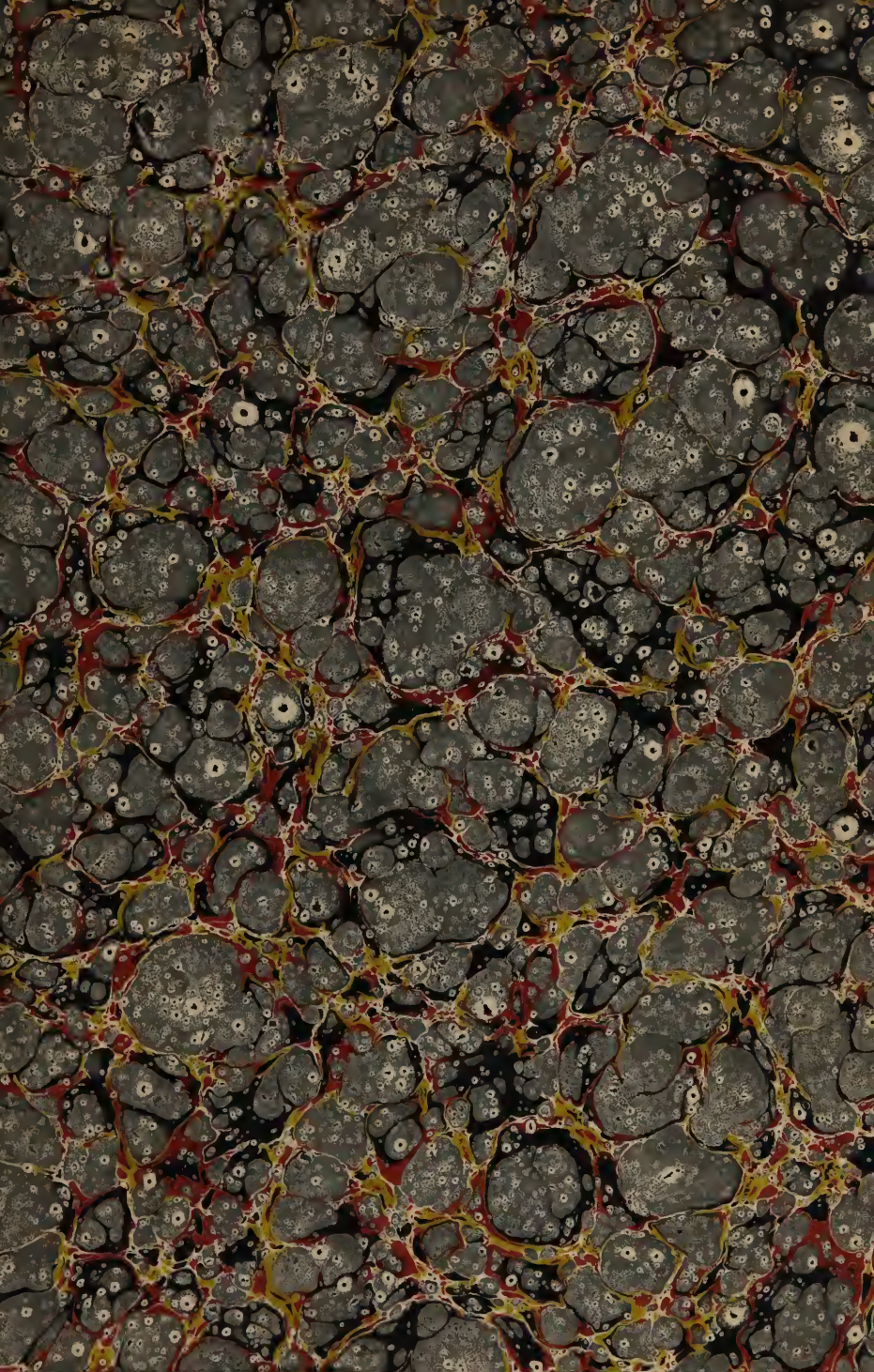
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ON HOSPITALS FOR THE INSANE,

WITH PARTICULAR REFERENCE TO

SEPARATE ESTABLISHMENTS

FOR THE

CHRONIC INSANE POOR.

DISCUSSION,

OF THE ASSOCIATION OF MEDICAL SUPERIN-
TENDENTS OF AMERICAN INSTITUTIONS

FOR THE INSANE, IN CONVENTION,

AT WASHINGTON:

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PREFATORY NOTE.

The Discussion, reported in the following pages, took place at the Twentieth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, held in Washington during the month of April, 1866. The discussion is very fully and accurately reported by the accomplished Congressional stenographer, Francis H. Smith, and leaves but little to be said in the way of an explanatory preface.

A few words seem called for in regard to the paper, read by a member, "On the Care of the Chronic Insane Poor of the State of New York,"* and frequently referred to in the debate. In this paper Dr. Cook, the author, bases his argument upon the assumption that New York is unable or unwilling, or both, to provide sufficient hospital accommodation for her insane, and therefore, some other and cheaper method must be devised for the care of this unfortunate class of her children. He frankly acknowledges that, were it feasible to secure enough hospitals of the same description as those now in operation, he would not advocate a change, but this he believes impracticable because, "for fifteen years efforts have been made without success, to secure the passage of a bill through the Legislature of the State of New York, for one or more State Hospitals of this character;" therefore, he asks, "is it not wiser to take it [the scheme of providing for the chronic insane, in separate institutions] rather than adhere to the unattainable and get nothing?" On these grounds he urges the

* This paper is printed in the JOURNAL OF INSANITY for July, 1866.

establishment of separate and cheaper institutions for the special care of the chronic insane poor of the State. The author's conclusions would be more convincing, were his argument based on sound premises. That it is not we have ample evidence.

The history of legislation in this State, during the fifteen years ending with 1865, supplies but *one* example of *well planned, well directed*, and *strenuous* effort, in behalf of the insane of the commonwealth. In 1857, the neglected condition of the insane poor, and the necessity of further State provision, were brought to the attention of the Legislature by the forcible report of the Select Committee on Charitable Institutions, Poor Houses, etc. The report was accompanied by a bill providing for the immediate erection of two State Hospitals. This bill passed the Senate. "In the Assembly it passed a third reading, when its further progress was arrested by the premature adjournment of the Legislature." Thus it failed to become a law, not through opposition to the measure, for there was none; but by one of those accidents incident to legislation.

The subject was not again called up, until two years ago, when, although, in the midst of civil war of unprecedented magnitude, and with an accumulated debt of vast proportions, the Legislature of the State responded at once, without discussion or dissentient voice, to Dr. Willard's appeal, and the Willard Asylum was created. For this institution, the appropriations have already reached the generous amount of \$165,000, and the State, through its appointed commissioners, has secured the Ovid Agricultural Farm property as a site, at a cost greater than has ever, in any country, been expended for a similar purpose.

In further evidence that there is no disposition to evade or ignore the just claims of the insane, and that the State is *potens et volens*, we may mention the fact that the Legislature, last

winter, authorized the Governor to appoint a Board of Commissioners to select and contract for the site of a third State Hospital, to be located on or near the Hudson River, below the city of Albany.

Soon after the passage of the Willard Asylum act, the AMERICAN JOURNAL OF INSANITY called attention to some of its exceptionable features, and particularly to that most unfortunate provision of the law, which inaugurated, in our State, a system, that in other countries had been "weighed in the balance and found wanting." The fear was expressed, moreover, that the action of New York in establishing an asylum, solely for chronic insane paupers, might serve as a precedent for other States to follow. This apprehension, happily, has not been realized. Although California, Kentucky, Ohio, and Connecticut, have since witnessed the discussion of this subject in their respective Legislatures, and the example of New York has been cited in favor of separate institutions for the treatment of acute and chronic insanity, the proposed experiment was, in every instance, rejected, and the extension of existing hospitals, or the creation of new ones substituted and adopted.

In California, the Assembly Committee on State Hospitals, to which was referred the Assembly Bill, creating a State Hospital for *curables*, at some point to be determined by a Board of Directors, and proposing to make the Asylum at Stockton an institution for *incurables*, reported the bill back with a recommendation that the subject be indefinitely postponed. As would naturally be inferred from the action of the Committee, their report expresses the strongest disapproval of separate establishments for "incurables." Moreover, the joint Committee of the Senate and Assembly, appointed "to investigate the affairs of the Insane Asylum, at Stockton," and among other matters "determine what changes, if any, should be made, either in the general system [of provision for the insane] now adopted, or in the details of the present management," unanimously report: "The proposal to erect a

building at some other point for *curables*, and thus convert the Stockton establishment into an asylum for *incurables*, should be utterly ignored. Our reading and researches establish the fact, that in nothing are the members of the profession, and the most competent and experienced superintendents and directors more unanimous, than in their utter condemnation of such a division and classification of the insane." The Legislature indorsed the opinions and recommendations of the Committees, and voted a liberal appropriation for the enlargement of the Hospital at Stockton.

The proposition to erect special Asylums for the chronic insane, met similar disapprobation and defeat in Kentucky, Ohio and Connecticut; the first two making liberal grants to enlarge existing Hospitals, in Ohio to the extent of doubling the capacity of two of her State Hospitals, while Connecticut has just passed a law authorizing the construction of a General State Hospital for the insane, at a cost of \$200,000.

In this connection, we may call attention to *recent* legislation in New Jersey, Iowa, Indiana, West Virginia, Nova Scotia and Canada West, where liberal appropriations have been made to enlarge or complete existing hospitals, and to Minnesota and Kansas, at present engaged in the establishment of State Hospitals for their insane.

It will be perceived that the discussion at Washington elicited a spirited and very emphatic expression of the views of the members of the Association upon a system of provision for the insane in separate institutions, whereby the character of the disease, whether it be acute or chronic, curable or incurable (so-called,) and the element of pauperism, are constituted the basis of segregation.

The following resolution introduced by the writer of the paper alluded to, received, with the exception of the solitary voice of the mover, a unanimous vote in the negative:

The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association, and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted, in regard to the construction and organization of hospitals, was not required to meet the necessities of this class; the Association would take the opportunity to record its decided preference for Hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the propositions, so far as to admit that, if the question presented in any State be: Shall the chronic insane poor continue to be confined in County Poor-Houses, or shall provision be made for them in special Asylums, at a less cost than in Hospitals? On this question the Association would accept the special provision, if Hospitals were not attainable, and abolish the County Poor-House receptacles.

Thus, distinctly and unanimously did this influential body—representing the highest intelligence of the medical profession in this country, in whatever relates to the care and treatment of the insane—proclaim its positive condemnation of any scheme, even one set forth in the mild and modified terms of this resolution, which would provide separate asylums for the chronic cases of insanity. But, not content with the explicit expression conveyed in its refusal to agree to the above resolution, the Association passed, unanimously, the following propositions, offered by Dr. Chipley, of Kentucky:

1. Every State should make ample and suitable provision for its insane.
2. That insane persons, considered curable, and those supposed incurable, should not be provided for in separate establishments.

With such harmony of sentiment and action in the medical profession, and in State Legislatures, a further discussion of the subject would seem unprofitable. There are, however, several points in the paper alluded to, which demand a passing notice.

The writer's statement, that Dr. Brigham favored separate asylums for the chronic insane, will seem very hard to believe, in view of the subjoined letter,* written by Dr. Brigham to Miss Dix, and now in the possession of this lady:

* The substance of this letter, amplified into an article on asylums for incurables, by Dr. Brigham, may be found in Vol. I, of the JOURNAL OF INSANITY.

After much consideration, I feel constrained to oppose the establishment of hospitals *solely* for the incurable insane. They would, in my opinion, soon become objects of but little interest to any one, and where misrule, neglect, and all kinds of abuse would exist, and exist without detection.

I am opposed to them, principally, on these grounds :

1st. Who can say which patients *are* and which *are not* incurable ? Of 200 now in this Asylum [Utica], neither Dr. Buttolph or myself, nor any one else, can say of at least one-third, to which class they belong. There is hope in their case ; but this *hope* would be destroyed by sending them to an incurable establishment. This fact—that the chances of recovery would be diminished to even but a few—is enough to make us hesitate before establishing such asylums.

2nd. Many that are incurable are monomaniacs, that are deranged but on one or two subjects, but rational on others ; such, surely, should not be deprived of any comforts that are afforded to the curable class, among which the greatest is *hope* of again being restored to society, which would be destroyed if they were sent to an incurable asylum. Equally, or more strongly, does this objection apply to cases of remission—to those numerous cases in which insanity is exhibited for a week and followed by several weeks of sanity. Shall these be told there is no hope for them ?

3rd. Among the incurable insane, there would be no certain means of ascertaining the neglect or abuse of them. In all asylums, the fact that some are well and soon to leave the asylum, is the *greatest* safeguard against abuse. It is so considered by all who are much acquainted with asylums for the insane.

4th. No possible good would arise from such *distinct* asylums—except they might be conducted at less expense. But how so, if they are to have proper officers, physicians, etc., and if they do not, why are they better than county houses ?

5th. We have had no experience of such establishments. I have never seen but one such, and that was at Genoa—where the clashing of chains, the howlings, groans, and curses, gave to the place the appearance of the infernal regions ; where no patient is ever expected to leave until dead ; where hope never comes.

No ! do not, in mercy to the insane, establish asylums for the incurables alone, but provide good asylums for all, and let all have the same kind care, and indulge the same hopes, (even if delusive to many,) of ultimate recovery ; but do not drive them to despair by pronouncing them incurable.

Dr. Gray also is brought forward in this paper, as having advocated separate provision for the chronic insane, in a paragraph quoted from his Eighteenth Annual Report. But we

fail to discover, in the passage cited, any endorsement of separate institutions or asylums for the chronic class, absolutely disconnected with the hospital. For Dr. Gray's opinions on this question, the reader is referred to his remarks in the following discussion :

The writer further informs us that Drs. Butler, Hills, Workman, and Van Densen "concur in recommending provision for the chronic insane in separate asylums, or in farm cottages or asylums, retaining a connection with the parent institution." In his Report for 1861-'62, Dr. Van Deusen writes : "The objections to a State Asylum for incurables exclusively, are obvious enough." And that his views in this respect have not changed, we have the assurance in the following, received since the Association adjourned : "I should dislike, exceedingly, to go upon the record as an advocate of the erection of asylums for the incurably insane ; and if, by the 'cottage system,' I am to understand the proposed treatment of the insane, in small buildings, scattered about, with families to serve as their attendants, I am opposed to that also."

We confess our surprise at seeing the name of Dr. Workman in the above connection. This gentleman has always been the strenuous advocate of the enlargement of the Toronto Hospital, and, as we had supposed, viewed with disgust the little incurable establishments thrust upon him by the Inspectors of Asylums and Prisons. We trust the long delay in the accomplishment of his cherished schemes has not weakened the faith of our esteemed and excellent friend, and that one who has dealt such vigorous and stalwart blows against the miserable doctrine of *expediency*, may still maintain the truth spoken by the poet :

"Of all expedients never one was good."

Now, at least, Dr. Workman has every reason to be encouraged ; for, during the past year, the Board of Inspectors have urged upon the Colonial Government, not the extension of

the branch asylum system, but the completion of the Toronto Hospital, and with such success as to obtain a liberal grant for the purpose, and the long wished-for consummation will soon be reached.

The mention of Dr. Hills's name calls to mind his project for a Hamlet Home for the chronic insane paupers of Ohio ; but we have been unable to discover any application of its principles in the enterprise in which he is at present engaged, in West Virginia. As regards Dr. Butler, the recent action of his own State is the best commentary upon the policy he has advocated. Instead of an asylum for incurables, the State of Connecticut has honored herself by the creation of a General State Hospital for the Insane, which is to cost \$200,000.

We find but little else in this essay, requiring notice, except, perhaps, the following, which would mislead those not acquainted with the actual facts. The writer remarks : " I am informed that the plan of building comprises a hospital structure for the paroxysmal, excited, and grossly demented, with sections of cottages, plain and inexpensive in their construction," etc. This is a mistake. The law particularly directs that the plans of the Willard Asylum must be approved by the Governor. As the Chief Magistrate has *approved* the hospital structure only, and has not assented to " sections of cottages," the plan of the Willard Asylum consists simply of an Hospital proper.

DISCUSSION.

The Association reassembled at 4 p. m., and proceeded, as the regular order of business, to the consideration of the subject of the proper care and treatment of the chronic insane.

THE SECRETARY stated that he had received a communication from Dr. Butler, Chairman of the Committee on the subject now up for consideration, stating that in consequence of ill health he had been unable to give the subject proper attention to enable him to prepare a report, and desiring the subject to be postponed until the meeting next year.

THE PRESIDENT remarked that the action taken by the Legislatures of several of the States upon this subject rendered it peculiarly important that the subject should be taken up and discussed by this meeting, so that the public may have an opportunity of knowing what are the opinions of the members of the Association upon the various questions involved.

DR. WALKER—As a matter of respect to Dr. Butler, moved that the subject be postponed for one year, expressing, however, the intention to vote himself against the motion.

DR. BROWN inquired whether any of the other members of the Committee had prepared their views in form to bring before the meeting.

DR. WALKER replied that Dr. Curwen and himself, the two other members of the Committee, had a consultation on their way to Washington, and agreed upon the substance of the resolutions they would present in case a report from the Committee was called for. He was of the opinion that the feeling

in the community on the subject was such as called for immediate consideration and action on the part of the Association. He therefore hoped a postponement would not take place, and was ready when called upon to present resolutions prepared by himself and Dr. Curwen, as members of the Committee.

The motion to postpone was disagreed to.

THE PRESIDENT then called for the report of the Committee.

DR. BROWN said that Dr. Cook had prepared a paper upon the Condition and Care of the Insane Poor of the State of New York, and in order that the Association might have this paper before them in the discussion to follow upon the resolutions of the Committee, he moved that Dr. Cook be requested now to read his paper.

The motion was agreed to.

DR. COOK, with the prefatory remark that the paper had been prepared after consultation with the Chairman of the Committee, Dr. Butler, read his paper.*

THE PRESIDENT then called for the report of the Committee.

DR. WALKER—It will be recollected by the members of the Association that the general subject of the care of the chronic insane, and questions incident thereto, was brought to the attention of the Association in a paper read by Dr. Butler, at the meeting at Pittsburgh last spring, and that the subject was then referred to a committee, consisting of Drs. Butler, Curwen and myself. We, of course, awaited the summons of the Chairman of the Committee to call us together, but ill-health prevented his attention to the subject. Until our arrival in Washington we were not aware that he had prepared no report, but had requested that the subject be laid over. It was then too late for us to prepare a report, that should present elaborately, well-digested views on the subject; but having had some consultation on our way here, we deter-

*This paper appeared in the JOURNAL OF INSANITY for July, 1866.

mined to embody our views in a series of resolutions, which I am now prepared to present, and which we thought might prove a medium between the conflicting views held by different members of the Association. The Committee are painfully aware that the public mind, in many directions, is moving in this matter, and that the public are waiting to hear of the action of this Association upon the subject. In whatever they have done and are now doing in this direction, they are moving in the dark, and by way of experiment. It seems to us that the time has come for this body to act in regard to the matter in some practical way, or else allow communities throughout the country to move on in their own way, without regard to us or our opinions. In view of these facts, we have prepared, and now submit the following resolutions:

No. 1. Every State should make provision for the care and treatment of all the insane within its limits, whose relatives, by reason of limited resources, are unable to make proper provision for them.

No. 2. Every hospital should be located as near as may be in the centre of a given district, so as to lessen the expense and risk of life incurred in conveying the insane thereto.

No. 3. It is unwise and opposed to pure humanity, as well as to true economy, to attempt to make the labor of the insane pecuniarily remunerative, or even as a primary object, contributive to their support.

No. 4. No class of insane, except that of chronic and advanced dementia, should be cared for otherwise than in hospitals properly constructed, equipped and organized.

No. 5. Demented persons, in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their peculiar condition with such arrangements and provisions for their care and custody as shall effectually secure them from the danger of abuse and neglect to which, as a class, they would otherwise be specially liable, and under the entire control of a competent resident physician. The persons to be provided for as above should be selected by a commission, composed in part, at least, of experienced superintendents of hospitals for the insane, and no one should be thus provided for who has not previously enjoyed the benefit of hospital treatment.

DR. CHIPLEY—I move, as a substitute for the resolutions just read, the resolutions adopted by a Convention of Superintendents of the Poor of the State of New York, in 1855, as follows :

Resolved, That the State should make ample and suitable provision for all its insane.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or alms house, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

DR. BROWN—Every one present knows how readily an individual who has once suffered from an attack of insanity falls again into the second attack. The proposition which I made yesterday, in reference to another subject, and which seemed generally to have been accounted to me for insanity instead of wisdom, that we should not discuss the subject further had very nearly risen to my lips in regard to this, because, after Dr. Cook's paper was read, the Committee appointed by the Association presented a series of resolutions, the last of which seemed to concede all that Dr. Cook asked for. If that, therefore, is to be considered as the sense of the Association, we might save ourselves a great deal of time, and much wear and tear of thought and tongue, by saying nothing on the subject. You perceive that Dr. Walker's fifth resolution proposes that "demented persons, in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals."

I repeat that if the fifth resolution of the Committee is to be the sense of this Association, although it is not yet acted upon, it would concede all that Dr. Cook claims in the matter of special provision, and perhaps for special institutions for the chronic insane. And, had it not been for the other pro-

positions which Dr. Chipley has presented as a substitute, I think I should not have tried the patience of the Association by offering any other remark. However, the matter is to be discussed; that is decided, and I will therefore say a few words upon the general subject.

First—I desire to say I see no special reason for the establishment of institutions for the chronic insane. My views upon this question have been known to many of the members to go to the extent of looking somewhat with disfavor upon private institutions for the insane. But there is a portion of the community who desire and demand such provision, and I am not unwilling that it should be given by such institutions; yet I desire very much that they be placed under such control and supervision as to insure safety and protection, both to the patients and to the public. And I have entertained similar views in regard to institutions for the chronic insane. The time may arrive when their establishment may be demanded as the last method of meeting a great want which prevails throughout our whole community. But that is not the question at the present time. The question which presents itself to every community and every State is: What is the best method of providing for the insane of that Commonwealth? After the class of persons whose circumstances permit them to provide for their own friends, are cared for, another class of persons require protection—the indigent and poor.

It was the object of the Legislature of the State of New York, in the law passed in respect to the admission of indigent patients into the State Asylum at Utica, to make ample provision for that class, but at present we know that, as a class, they are not sufficiently provided for. For a correct understanding of Dr. Cook's proposition, and to meet the question fairly upon its merits, it seems fair to say that I understood him to remark that any other form of provision for the insane poor of the State was not to be expected or hoped for, and that he therefore had proposed the system that he

presented here as a means of improving the condition of a class who were otherwise to be abandoned to the abominations of the county-house system. I have only to say in respect to that, that if Dr. Cook's plan is based upon the necessity of such institutions in the State of New York, his apprehensions have already, I trust, been removed, for within the last few weeks a law has been passed directing the establishment of a new State Hospital of the usual character, and I understand there is a probability that, sooner or later, within a reasonable time at least, a similar one may be established in another portion of the State. If, therefore, the Doctor's object be merely to provide for the insane of the State in the usual hospitals or in the manner which he proposes, to be adopted as a substitute for a better method, it seems unnecessary, so far as the State of New York is considered, to go at length into the consideration of the present necessities of that State. Were it not so, the question, then, would arise, what is the best method, in the abstract, of providing for the indigent and poor insane of any given State? We are not obliged to resort to theory merely upon the subject, because we have examples before us of institutions established under the different systems, and we may compare one with the other. The State of Massachusetts, for example, has adopted the policy of erecting smaller institutions in different portions of the State, with the view of their receiving the larger part at least of her insane. Whether they do so receive them or not, others can say better than myself. If not, it would seem to me their present hospital system only requires expansion to embrace all of the class of insane requiring the aid and support of the State. And that is what I believe Dr. Cook considers preferable, if it can be accomplished. If hospitals can be sufficiently numerous to provide each for all the insane cases in its neighborhood in the most humane manner, without compelling them to travel a long distance to reach the hospital, and additional buildings erected in connection with the present institutions sufficient for the care of the chronic insane, I think

that would meet the necessity of the case fully. The article by Dr. Jarvis in the last number of the JOURNAL OF INSANITY, showing the proportionate number of insane persons in any community, treated in hospital, as compared with the approximate distance of their residence from the hospital, would seem to settle the question of the relative number of hospitals called for in any given State.

With reference to the institution which has been directed to be constructed by the Legislature of New York, for the care of the chronic insane, the "Willard Asylum," I may say, that it had my earnest sympathy under the circumstances related to me as existing; and it would still have, if those circumstances and facts had not been, and could not be, modified. I was informed that the Legislature of New York, at that time, was unwilling to expend money for the construction of additional hospitals of the usual form, but that they were willing to erect a hospital at a less cost, or an asylum for the insane, where might be gathered those now suffering in county-houses. A very serious objection to that was, that it was to be a single institution, located in the central portion of the State, and persons from a distance would thereby be prevented from seeing their friends, and from receiving such attentions from them as would otherwise be natural and desirable. It would subject those friends who might desire to see them to great expense in visiting them, and the matter of expense would deter large numbers of them from ever visiting their friends. The transfer of patients to that institution would, therefore, be a complete and final separation of members of families. When, however, the matter came to be considered by the Legislature at a subsequent session, they were made to believe, and properly, in my opinion, that a better system existed already in our present hospital organization; and, I am glad to say, that they adopted that better system.

When the matter of a third institution was before the last Legislature, at the request of some of the members, I stated

my belief, in a letter, that if the proposed system of the Willard Asylum bill should be entered upon, it would soon be found that it could not be carried to the extent contemplated by its advocates; that a proper care of the patients would limit the number to be provided for much below the point proposed; and furthermore, that a hospital building for paroxysmal cases would be necessary, and that it will soon be found that the institution would become necessarily another central State hospital. In that view it seemed to me to be very unjust to more distant portions of the State that a second institution of this kind should be located so near the Asylum at Utica. I suggested that it might be well to reconsider the whole matter, and act upon it with reference to the relative claims of other sections of the State. Whether this letter had any influence in the minds of the members I do not know. It seemed to me the course I mentioned was one having a bearing on the whole question as applying to other communities as well as ours.

There is another consideration in connection with the matter, which I trust Dr. Cook will pardon me for speaking of if it should seem, for any reason, to be invidious, because I should be included, in some measure, under the same reason myself. Dr. Cook's institution is in the western portion of the State of New York, and as is known to the members present, is his own private property. The institution with which I am connected is at the other end of the State, a chartered hospital, depending wholly on the income derived from patients for its support. Both institutions would, in some measure, be affected by the establishment of a State hospital in their vicinity. Feeling this, at the time I wrote the letter spoken of, I stated that of the number of patients in the Bloomingdale Asylum at the present time, 43 per cent. pay less than the cost of their support, and that it is only by the higher rates paid by more affluent patients that the institution is enabled to sustain itself. Now, a very considerable number of that 43 per cent. will

probably be removed, and those who would otherwise be their successors will go into the new hospital which is ordered to be constructed on the line of the Hudson river. I do not mean, of course, that such considerations would affect the views of either Dr. Cook or myself, in the discussion of this general subject, but it is an element which others would be very willing to take into consideration, and I think, therefore, it is due to ourselves to consider it also. The force it may have is this: that the erection of a large asylum for the chronic insane, by gathering these persons into its enclosure, taking a considerable number from the Asylum at Utica, leaves room for more acute cases; but at the same time it keeps communities at a distance from Utica from furnishing any considerable increase of patients, as shown by the article already alluded to from Dr. Jarvis, and I have no doubt our own institution and Brigham Hall would both thrive better in the next ten years if another State hospital is not erected in our immediate neighborhood.

Dr. Cook, in his paper, referred to a proposition made some years ago to limit the number of patients in State hospitals. I do not feel myself fully competent to speak upon that subject, because my experience in most of my asylum life has been of a different character, although I was connected as Assistant Physician with the State Institution at Utica, and with that in Vermont also, for a time. But I must say that my views concur with those who think the number proposed too small. I see no reason why a State institution cannot be increased in capacity very considerably beyond the limit mentioned, nor can I see why additional accommodation for the chronic insane may not very properly be made in each case. The extent to be determined by the experience of those who are best capable of forming an opinion.

DR. VAN NOSTRAND—I do not propose, at this late hour, to take up much time in the discussion of this matter, and I can express the views I have to give in very few words. So far

as the State of Wisconsin is concerned, I should most strenuously oppose a separation of the two classes of patients in different institutions. I think they can be better provided for in the same institution. It seems to me that combining in the same establishment the characteristics of hospital and asylum profits both classes of patients. The matter of the employment of patients comes up incidentally in considering one of these resolutions, and, in my judgment, that of itself furnishes a very strong reason for permitting both the chronic and acute patients to be treated in the same institution. Most of the labor of the institution of which I have charge is performed by the chronic insane. They are more to be trusted to perform work than acute cases, and they labor to more advantage to themselves. Many of the acute cases who are able to labor at all, will have to be taken from the garden, the barn, or wherever they are in a very short time, because the exercise exhausts them; while many of the chronic cases will perform as much labor as ordinary men in a sane condition. During the winter, in consequence of the circulation of blood being usually poor in the chronic class, it is not practicable to keep them out of doors for any considerable portion of time. They would freeze almost immediately on being exposed to a climate like ours, where the thermometer goes as low as 40° below zero. Our patients, therefore, mostly remain within doors, and in the spring they are much poorer in health than they were in the fall. I think the labor, in season, which they perform is not only a source of economy to the institution, but of benefit to the patient. Four-fifths of all our farm labor is performed by the chronic insane. Last year we raised many thousand bushels of roots and many hundred bushels of corn. Some of our chronic insane, who, until they entered the institution had never done a day's labor, turned out and assisted in this farm work. I remember one man who for ten days stood like a stake in a field, showing no disposition to move hand or foot in assisting in the work. But after a while he went to work, became a valuable hand, and before fall was

much improved. I should certainly very much regret to see Wisconsin build another institution for the insane, and put all the incurables into it. I think it better for both classes that they should be treated together, and I shall be very sorry if this Association, composed certainly of men better able to judge in this matter than any others in the country, should finally decide by vote that it was proper to do so. I shall certainly cast my own vote without any hesitation against such a proposition.

DR. WALKER—I beg that the members of the Association will not be governed by the course Dr. Brown has taken in begging the whole question, by saying that the last resolution of the Committee yielded all that was claimed by Dr. Cook. Bear in mind that the last resolution applies only to insane persons in an advanced stage of dementia. It does not say anything about chronic insane. If the resolution should be passed and carried into effect, there would still be left a large class of chronic insane to be provided for in the hospitals. In the discussion of this subject, therefore, I hope this difference between the resolutions of the Committee and Dr. Cook's paper will be borne in mind.

DR. PECK—My very short experience in this specialty would not permit me to enter into an elaborate discussion of this matter. I wish, however, to state emphatically that I should regret exceedingly to have any action taken in my own State (Ohio) for the separation of the two classes under consideration. I have labored since our last Annual Meeting to prevent any such thing taking place. Our people in Ohio have been somewhat led in that direction by my predecessor, and the new Legislature, when it came together last winter, feeling that something must be done for the chronic insane of the State, came together imbued with the idea that a gigantic institution should be built to provide for them at once. I labored to induce them to abandon that idea, and I think, perhaps, that what little I may have done, may have had some

weight in turning the current in another direction. Our Legislature made provision for the enlargement of our northern and southern institutions to the extent of double their present capacity. They have organized a commission to take the census of the State and ascertain the number of insane persons unprovided for, with the idea in view of building another institution in a distant portion of my own district, and of dividing the district. I am in hopes such a result will take place, and indeed I have very little doubt that another institution will speedily be built upon the same general plan of organization as that of the three existing State institutions. We have all requisite means for carrying on a system of hospital labor, and I cannot conceive that any improvement whatever could be made by attempting the experiment of separating the two classes in our State. I wish, most emphatically, to place myself on record in opposition to any proposition to provide for the chronic insane in separate institutions.

DR. RANNEY—I suppose that no one of the States has adequate provision for all the insane within its limits. The result is that our hospitals are crowded beyond their capacity—so crowded that their usefulness is very much impaired, and one of their chief functions, as now organized, that of the treatment of recent curable disorders, is prevented from being realized. It seems to me that a further classification is one of the ends to be desired, and that in that further classification the principle of separation, to some extent, should be adopted. It cannot be absolute, I suppose, but to some extent a separation of the recent from the chronic cases is desirable. It has been my recent experience more particularly to observe frequently unpleasant results, and often most injurious and unfortunate results from the presence of persons with chronic and probably incurable disorders under the same roof, and mingling with recent and curable cases, and I have felt latterly more than ever before the desirableness of the separation of the two classes to some extent. Just to what

extent must be determined by the peculiar circumstances of any particular case, or in any particular region or locality. Especially do I feel that it is very desirable in an institution receiving recent cases that the supposed incurable epileptics should be removed. Nothing, it strikes me, can be more unfavorable to a person not accustomed to such exhibitions, than the frightful convulsions liable at any moment to occur in an institution containing a large number of patients in which no such separation is made. That is the case, to a very great extent, in the institution in Iowa, with which I am connected. I may say that we have recently received more cases of epilepsy than I have ever met before in my experience. I have 47 out of 315 patients subject to that disease.

I should oppose the aggregation of chronic and incurable patients in one large institution. The great distance from one portion of the State to another would, as has been expressed by Dr. Brown, in many cases work a final separation of families, and do great injustice and almost cruelty. I am not aware of any patient under my care, however poor, who has not some friends or persons interested in him to a sufficient extent to induce frequent correspondence in respect to him, and I know it is now felt to be one of the greatest deprivations where the distance is so great as to prevent the friends of patients from visiting them. It would be pleasant and generally advantageous to both parties if they were so near that occasional visits could be made by friends. I should therefore recommend, in the State where I live, and I presume it would be the same in the adjoining States, that the chronic incurable insane should be collected into small institutions in different parts of the State, large enough, however, to have an organization that will protect them from any cruelty or injustice, and that would secure all that their wants might require.

It seems to me that the chronic insane may be made, to a considerable extent, self-supporting. It is one of the great wants of the institution with which I am connected that

greater opportunities and facilities for labor are not provided. It is impossible, upon one farm of 170 acres, to give my patients all the opportunities for work of which they are capable and which they would be very glad to perform. As it is, the farm is very largely productive and highly remunerative, the chief work being performed by patients. They take care of the cows, twenty-five in number, three patients take nearly the entire care of them, do the milking, feeding and herding, and it is well done.

DR. EARLE—Without the oversight of any hired persons?

DR. RANNEY—No. With the usual oversight of hired persons. The patients do all the milking, and pretty much all the feeding, taking care not only of the twenty-five cows, but of twelve horses besides, and do a great deal of work on the farm. What I mean to say is, that three patients do as much work as to take care of the cows, and that much other work is done, and that much more would be done if we had the means and opportunities. For that reason I proposed to the Legislature of the State, at its last session, to purchase for us an additional tract of land, and I have no doubt it would be a remunerative investment for the State.

DR. PECK—If I may be allowed, I wish to make one additional remark. I desire to say that the law regulating our institution prohibits the admission of epileptics, so that we do not experience the trouble mentioned by the gentleman who last spoke. There should be—and I have been laboring to that end—an institution for their especial care and treatment.

DR. VAN NOSTRAND—Let me ask Dr. Peck what they do in his State with the violent epileptics? Our most dangerous patients are of that class. In fact, the only injury I myself have received was from a violent epileptic.

DR. PECK—If there are such, and I have no doubt there are in our State, I suppose they are cared for in the county houses

and probably in jails. I say they should be cared for, but our laws prevent their being admitted into the asylums because of their ill effects upon other patients.

DR. GRAY—Mr. President: I feel embarrassed in being called upon to speak at this period of the discussion, from the fact that I did not hear the paper of Dr. Cook, and further from the fact that I did not hear the remarks of the member of the Committee (Dr. Walker) who presented the resolutions. I understand, however, that the subject before the Association embraces the report or resolutions of the Committee, and also the paper of Dr. Cook. I inferred from the remarks of Dr. Brown that the resolutions and paper presented the same view of the subject, but the subsequent explanations of Dr. Walker, touching the intent of the resolutions, would seem to indicate a difference. I judge from the discussion, so far as I have heard, that the paper of Dr. Cook was in advocacy of institutions specially for the care of the chronic insane.

DR. COOK—I will call the attention of the members of the Association to the fact I stated distinctly in the paper read by me, that the result would probably be the erection of buildings more cheaply constructed in connection with State asylums where these patients would be placed. That was my impression. I stated that in New York the condition of the insane in the county houses was such that I believed the speediest practical relief under the circumstances existing in our State would be afforded by the erection of asylums specially for their care; not that I would recommend the establishment of separate institutions where adequate provision already exists for their care in hospitals receiving recent cases.

DR. GRAY—Then we have three propositions under consideration. We have the report of the Committee, declaring that a certain class of chronic insane described as “chronic and advanced dementia,” may properly be provided for in institutions differing from the asylums now in existence, and yet adapted to their *peculiar* condition, with a competent

medical head, etc. We next have the paper of Dr. Cook, advocating a special asylum for the chronic insane—its necessity growing out of the peculiar circumstances existing in the State of New York—which shall remain as an institution for the care of those who are now in the poor-houses, not having passed through an ordinary hospital, and for the reception and care of those who, under the operation of the Willard Asylum law, shall be discharged from the ordinary hospitals when advanced in dementia. In fact the two propositions are similar; patients who have been treated in an hospital for a long time, and whose cases seem to be unfavorable, are to be provided for in special institutions contemplated by these gentlemen. Dr. Cook, however, states as a third proposition, that it would be *better* to attach to the ordinary hospitals cheaper buildings for the care of the chronic insane. Now I should like to know to which of these propositions the discussion is to be directed, or whether it is to apply to all of them? Dr. Brown, in my view, has proposed to meet the difficulty which lies before us in the only true way, *i. e.*, by the enlargement of the institutions now in existence in the various States, to the extent that each can be carried, and yet be properly controlled and taken care of; and if still further provision be required, then to erect other institutions of a similar character, and enlarge them as necessity may demand to the limit of capacity or size that a single governing head, under a general plan of management, can control, and yet give the necessary care and attention to details. This is a proposition, moreover, which the most eminent men in Europe, who have made this a subject of special study, and after the trial of various methods, have deemed to combine the most advantages of any plan proposed to relieve the great pressure upon the institutions in those countries; and it would seem to be the only proper mode of relief for our own. If there are several ways of accomplishing the same end, and those ways are equally good, it will remain simply a matter of taste which is to be chosen; but if one is better than the others, let us make no com-

promise, but adhere to that which is best. The subject before the Association is not a new one, yet it is one of the most vital importance to the public, the profession, and the insane, and grave questions are involved which are difficult to discuss extemporaneously. The real question, however, is this: shall we continue the present asylum system and extend and increase the existing institutions, or engraft upon that system some special plan for taking care of the chronic insane? I do not propose, Mr. President, to discuss the present system, but shall direct my remarks to the propositions of the Committee and of Dr. Cook, which are, as I conceive, essentially the same. And here let me say, the plan advanced proposes two modes of disposing of the chronic insane, one by placing them in separate institutions, and the other, touched upon by Dr. Ranney in his remarks, a separation of the two classes of insane in the same institution, but which separation shall not be absolute. This plan, Dr. Cook says, is the best; in other words, that there should be some wards or connected building, in which certain individuals, whose disease is chronic, and others, as suggested by Dr. Ranney, whose insanity is of such a character as to produce unpleasant influences upon other patients, should be placed. Mr. President, neither of these propositions is new. Institutions for incurables, or as these gentlemen would say, for the chronic insane, in either of the forms proposed, are long exploded experiments, and nowhere have they been tested as faithfully as in Germany, and under the most able medical men. Hayner gave great attention to perfecting institutions specially designed for incurables, and Dr. Damerow, of Halle, while opposed to separate asylums for their care, instituted a system of relative union, or as Dr. Ranney says, separation in the same establishment, but not absolute, which was carried out in many of the best hospitals of that country. This was many years ago, and yet the system has not been extended. We have the history of those experiments, and why has the system not been adopted in England or in this country? Because it was a fail-

ure, and accomplished no results not better attained in the ordinary asylums. But we are told that the system has been adopted in England, Scotland and France. No, sir; most distinguished gentlemen of these countries, after having visited those institutions, utterly condemn them, and with them the kindred institutions called "Agricultural Lunatic Colonies." We have on this whole subject the opinion of medical men of sound judgment, of long experience, and of the highest character as medical superintendents. Dr. Bucknill did not propose any of these plans when some years ago the question of further provision for the insane became so prominent in England, and yet he was familiar with their workings. He then suggested the extension of asylums by the erection of cottages, and this plan was at once adopted in the institution under his charge.

Dr. Bucknill, after considerable experience, has found that this mode of extension can only be carried to a limited extent, and Dr. Robertson distinctly says the same thing after its trial by many eminent medical men. They, therefore, propose the enlargement of the existing asylums, and the erection of others. Now, if these gentlemen all arrive at the same opinion, should it not be conclusive with us that we cannot profitably enter upon the same kind of experiment? We have the right to infer this, as they have by experience and observation, something more than theories and vague ideas on which to base their views. But need we go to Europe to test the cottage system? There is one gentleman, Dr. Kirkbride, who has tried the same experiment in this country, and he has not recently extended the system, for the reason that he has not found the plan further beneficial. He has, instead, as we all know, duplicated the hospital. Dr. Tyler, of the McLean Asylum, in enlarging, did not erect a cheap building for those of his patients whose disease is chronic and advanced dementia. He added a wing under the ordinary organization. Dr. Buttolph, of the Hospital for the State of

New Jersey, has been obliged to examine into this question, as that institution was no longer able to meet the demands of the insane there, and did he propose relief by the establishment of a special asylum for the chronic insane, or by buildings other than hospitals, for those advanced in dementia? Did he say, "after all, these persons can no longer appreciate the blessings conferred upon them; they have sunk into dementia and imbecility, and now, when their voices can no longer go up, in pleading to God or man, let us place them where they can be taken care of at less expense, and be made to work for a living?" No, sir. He said to the Legislature, "the counties have no adequate provision for these people, in their almshouse system, and I propose to enlarge this institution, and then receive all in the State." Did the people or Legislature reply, "we are poor, Doctor; cannot you devise some cheap method?" On the contrary, they responded, by an appropriation of \$100,000, and said, "enlarge your buildings, and take all in." New Jersey assumed the highest position a State could assume—a position that every State, in its organic law, pledges its citizens to assume, that, whenever a citizen, by reason of misfortune beyond his control, is unable to protect himself, the State will protect him and care for him. Are the other States poorer, less generous, less willing than New Jersey? The State of Kentucky has increased her institutions, and adopted a system of extension, instead of lower class hospitals. When the State of Pennsylvania, a few years ago, found its State asylums full, did the member of this committee from that State ask for a change of system, such as is now proposed?—ask for the separation of the helpless chronic insane, and for cheaper accommodations for them? No, sir. Pennsylvania enlarged her capacity of provision by the erection of another institution of the ordinary character.

Mr. President: Have the people or the Legislature of any State arraigned the officers of their institutions for doing too much for any class of the insane under their care? Has any

demand been made for hospitals of a low grade, and especially for buildings other than hospitals? Sir, we have had enough of alms-houses for the insane, and of buildings other than hospitals, in which to care for these helpless, wretched people. That is what we are suffering from now. No people or Legislature, understanding fully and clearly the condition and wants of these people, will turn a deaf ear to them and say, "I have been giving you bread, but you no longer appreciate it; I will now feed you upon husks." If this whole subject was brought to the attention of the people and the Legislature, earnestly, by men in earnest, all the insane would be provided for. The fault is with us, in you and in me. We have been content to let these things take their course. We have satisfied ourselves with official action by noticing the subject in our reports; but have we given our personal efforts as we should have done? I, for one, have not. But we are told, Mr. President, that New York is an exception; that this great State has refused to do more than establish a second class hospital for incurables. Sir, the Legislature of New York has never refused a request properly presented. It did not originate the scheme of incurable hospitals, and it would be a libel upon the people and the Legislature to assert that they have deliberately refused to provide for the insane, except in this manner. As to the county officers having charge of the insane, I am prepared to say that they have never sanctioned the character or the abuses of the system of alms-house care; but on the contrary, have contended against the system. Why, sir, the very proposition of the committee has been tried in New York, and that trial has been our curse. The proposition to remove those advanced in dementia, "the chronic insane," to buildings other than hospitals, was engrafted in the organic law of the State Asylum, and the plan of Dr. Cook, for hospitals for incurables, is but the aggregation of the present distributed mass of misery and wretchedness into one great receptacle. Some of the existing county receptacles have reached the dimensions of asylums, having accumulated more

than a hundred chronic insane; and yet what are they? They have responsible persons in charge, and physicians who visit and prescribe for their inmates; but these physicians say that alms-houses are not proper places for the classification, care and treatment of these people, and the county superintendents of the poor say it is a disease for the treatment of which we have not the means under our control. Sir, this is not a question as to further provision, for all demand this; but a question as to the character of that provision. Why, sir, as far back as 1855, the Superintendents of the Poor of the State of New York met in Convention, and passed a series of resolutions, which Dr. Chipley has proposed in this body to-day, as presenting a higher standard for the members of this association than the resolutions of the committee, or the plan suggested by Dr. Cook. The chronic insane, as I have said, have for years been returned to counties from the State Asylum—cases well representing the helpless class designated by the resolution of the committee—and placed in buildings “other than hospitals,” constructed especially for these insane, and for the very reason urged by the committee, and the “friends” of the Willard bill, to relieve the State Asylum, and care for them more cheaply.

The superintendents of the poor did not propose, as a measure of relief, the aggregation of this mass of neglected humanity into one great asylum. On the contrary, they passed a resolution expressly against asylums for incurables. They had learned, from wide experience, that such a measure could not afford the proper care, and that it would be unwise and unjust to demand that all the chronic insane from the east and the west of their broad State should be transported to one great colony, where, from want of means, and time to make long journeys, their friends could never visit them. And here let me say, Dr. Ranney has well remarked that he has never met a patient so poor or so wretched that he had no person to visit him and inquire as to his welfare. Such, I

doubt not, has been the experience of every member of this body. Patients may be utterly demented, their intellects darkened, so as not to recognize their friends, and yet, when sick, friends will visit them, and, dying, will desire their bodies that they may bury their own dead. Are we to encourage this humane feeling, or are we to disregard it? We should ask ourselves these questions, as men and as physicians.

I have said the people of New York never turned a deaf ear to appeals made in behalf of the helpless. When the Superintendents of the Poor memorialized the Legislature on the subject of further provision, a bill was introduced creating two more asylums. This bill was favorably reported, and was ordered to a third reading, when the premature adjournment of the Legislature arrested its further progress. The subject was not urged upon the next Legislature. But several of the counties have since made provision, by the erection of buildings, "other than hospitals," for the "chronic insane." When the matter was again urged upon the Legislature, through the State Medical Society, it was not thrust aside; an investigation was at once ordered into the condition of the insane, the report to be made to the Legislature through the Secretary of the State Medical Society. Dr. Willard, as such officer, directed the investigation, through a series of interrogatories, and when his report was made it was followed by immediate action.

I infer from the remarks of Dr. Brown, that he was informed that the Legislature were unwilling to create more hospitals, but would establish second class institutions for incurables, and that his sympathy was thus obtained for the principles of the Willard Asylum bill. Now, sir, this is not the time or occasion to enter into the discussion of the question as to what that Legislature might have been disposed to do; but it is a significant fact, already alluded to by Dr. Brown, that the next Legislature authorized the location of a third institution, and that too without a dissenting voice in

either house; and the provision that it should be a building for incurables was not attached to the bill, nor was there a word said on that subject; and at the same time an appropriation was made for the Willard Asylum. Now, Mr. President, this does not look like repudiating the care of the insane, unless we are willing to lower the standard of public hospitals! And as Dr. Cook's paper is especially on provision for the insane of New York, I may dwell a moment more on the history of recent legislation on the subject. When Dr. Willard made his proposition to create hospitals for incurables, as a mode of relief, the Governor of the State transmitted the question to the consideration of the Legislature. I saw Dr. Willard afterwards, and I told him I was surprised at his recommendation in view of the evidence of the failure of such a scheme in Europe, and from the experience we possessed of the injury which such a system would inflict upon the insane and the community if adopted by the State; that it was a retrograde step, unnecessary, and condemned by the profession; that it would be only the continuance of the almshouse system disguised under another name, and I directed his attention to instances of failure in counties which, in good faith and at great expense, had established such asylums. The Doctor said he had reflected very little on the subject, and had received his ideas from others. When, subsequently, he presented the report before the State Medical Society, I took occasion to express my views, and distinctly and wholly dissented from the proposition to relieve the existing condition of things, by the creation of such establishments. At the close of the session, Dr. Willard asked me to draw up such a bill as I thought would meet the wants of our State, in respect to the insane. This I did, simply providing for two more institutions, one east, and the other west of Utica, and Dr. Willard presented it to a member of the committee of the Legislature having charge of the matter. This bill was not rejected; it was introduced by unanimous consent, referred to a committee, and reported back favorably by that committee.

Subsequently, and without discussion of its merits, and not by the committee, that bill was transformed into what we now have as the Willard Asylum Act. This year, however, the Legislature passed a bill for the location of another asylum, which, we believe, will be on the plan of existing asylums. These facts demonstrate that, had the subject been fully and fairly presented to the former Legislature, the bill for two additional institutions, would have become a law.

This is all of the history it is here necessary to give; and I say thus much to vindicate the assertion that the people and the Legislature of New York are sound on this subject, and only wish to know what is best to be done in order to do it. And as a beginning has been made, and there can be no question as to the need of these institutions, I believe New York will construct two additional asylums of a character to comport with her dignity and wealth and the highest interests of her suffering children. I need hardly say, Mr. President, that I am opposed to the establishment of separate institutions for the care of the chronic insane. If the whole subject of the care of the chronic insane, as presented by the resolutions of the committee and the paper of Dr. Cook, is open for discussion, I desire to say something on the financial considerations involved, and on the question of labor.

THE PRESIDENT—The whole subject is open.

DR. GRAY—The demand for a change or modification of policy has not been urged, on the ground that the institutions in existence were unnecessary, and should be done away with, but that those institutions, while necessary for the treatment of curable cases, might be dispensed with for the care and treatment of the disease in the chronic stage. This is distinctly announced in the resolution of the committee, and is the basis of the arguments brought forward by the advocates of the separation of the curable and incurable, and the erection of cheap, second class asylums. The only reason urged, and as far as I know that can be urged, for the establishment

of such institutions is, that they will provide for these people at less expense. It cannot be said that the intention is to take *better* care of them—no one has proposed hospitals for the chronic insane for that reason—it is to take care of them more cheaply, and it is fair to ask their advocates *how* they are going to cheapen their care. Let us have the items. So far, we have only been told that they can be cared for at less cost. You must have, I suppose, an inferior physician! He need not know much in order to take care of an insane man in his chronic state. Let us know the proportion of attendants to patients, and whether, as a man becomes more helpless, he will require fewer attendants and less care. Let us know what is to be the quantity and quality of food, and whether we are going to have a repetition of what was deliberately paraded a few years ago, by a commission in Canada, where the discovery was made that men could be supported on a diet cheaper than bread and water—at about six cents a day—and yet work be got out of them. Let us know whether it is proposed to deal out medicines of inferior quality when they are sick; whether in any or all these items of care, you are going to substitute something cheaper than at present. We are not informed, moreover, of the character of the cheap buildings the Committee propose for the care of the “advanced in dementia,” and the same remark will apply to the proposition of Dr. Cook. Economy, cheapness, are the catch-words, and with these we are to initiate reform!

Mr. President: These are not novel words to the profession. We think we *have* been economizing, and we want something more definite than these vague generalities. The intimation these gentlemen would seem to convey is, that the insane are not now as cheaply housed and taken care of, in our public institutions, as they should be or might be; that too much is expended on them in medication, attendance and food. What, then, if not these, let me ask, are the items you would cut off or cut down? Is it in amusements you would cheapen their

care? Perhaps it is in music—their ears are dull of hearing; perhaps it is in the ministration of religion you would economize—they have no longer kind and thankful hearts, and do they need a preacher? Perhaps you will allow them no longer the visits of their friends, as they may not recognize them, and a little might be saved in attention! Is it in these you would cheapen? Perhaps it is proposed to cheapen in air! crowding into little space without ventilation—or will you cheapen in warmth and clothing, or give them less cleanliness, that they may die off the sooner? Are you going to give them less sunshine? Oh, no! they may have an abundance of that, for you propose to turn them into the fields and make them earn their bread. It is said they are to work for their own advantage, and this labor will be *the element peculiar to the system*. Let us examine this point a moment. Is not labor an element of treatment in institutions *now*? Is it something new to introduce labor? Is it not obtained already in our institutions, to the last extent consistent with the welfare of the patient? One gentleman says he has not land enough; let him get land. Have these institutions, in existence for so many years, failed in obtaining from the persons committed to their care all the labor consistent with their health, or have they neglected their duty, and allowed these men and women to sit in idleness and listlessness when they might have been contributing to their own support? Have the managers of these institutions been unfaithful in their duties in this respect? We have made the experiment in Utica, during the past five years, of recording the labor of every man from day to day. We know what it is, and it is no more since we have gone into this detailed record than it was before, for we have had to hire the same number of men to carry on work. We have simply sought to obtain work from each, so far as it should be for the benefit of his health and strength, looking only to his own good. Dr. Ray, who would be considered very good authority on a question he had investigated, has, without consultation with others, been making this question of labor a

special study. And what does he say in his last report? Does he sanction the idea that this great element of labor has been practically lost sight of, and may now be made use of essentially to cheapen the cost of the care of these people? No, sir; his report is a complete and perfect refutation of the whole idea that you can extract from these helpless, sick people, the sweat and blood that will contribute more largely to their support. Many of them have barely the circulation to enable them to sustain a miserable physical life, and others, with all the food of the best quality you can give them, have scarcely sufficient vitality infused into them to sit up during the hours of the day, and walk about the wards and yards for exercise; and yet these are the people who, we are told by these benevolent gentlemen, are to be provided for in these separate institutions cheaply, and who will support themselves largely by their own labor! Dr. Ray has gone into the questions of labor and of the proposed asylums for the chronic insane, and his report covers the whole subject, treating it upon the highest grounds which a dignified medical man, who understands his relations to his profession and his duty to man and to God, could take. His report is a complete and full document on the subject; one that any professional man might well rest upon. It is the report of a man of great professional experience and ability—of one whose integrity could not be swerved by any consideration of simple expediency; and to the same point and in the same direction are the reports of Dr. Kirkbride and other members of this Association. These gentlemen have not been silent lookers-on while the attempt has been made to undermine the very fabric which they have been building for years, and in the construction of which their heads have become whitened, and honors have been conferred upon them. Should they stand still, or have they stood still, while these things have been attempted? No, sir; they have answered the questions that have been raised, and they have the right to answer.

But we are told that the people will not provide for the insane, will not pay taxes to take care of them, unless we are willing to lower the standard of the hospitals. This I cannot believe. I have already remarked upon this point, in reply to Dr. Cook's remarks touching New York, but I will take the liberty of recurring again to this assumption, which, though honestly made, I think is not true. I have spoken of New Jersey and Kentucky. Vermont takes care of all her insane. But let me call your attention to further practical illustrations of the benevolent disposition of communities when instructed in regard to these things. Take the case of the President of the Association whose experience has been far beyond that of most if not all of us. When the Pennsylvania Hospital reached its full capacity, and patients had to be turned away, unless more room was provided, did he say, "you have done well in erecting this building, but it cannot receive more, and you are not able to care in the best manner for all; put up a cheap building for those 'advanced in dementia,' the 'chronic insane,' and that will relieve us?" He simply said, "The institution is full, and we need another," and gave himself to the work of showing this fact. And the reply of the people was such as it always is, and always will be, when they are christianized and properly informed as to that which is best. They did not wait and consider what less than their duty they might do, but instantly poured into the coffers of the institution a fund more munificent than had before been dreamed of in the annals of such charities, and ample provision was made for all. It is such a man that communities delight to honor. Such men are the true standard bearers of the profession. Such men are the *Ben Adhems* of the race. And if it were permitted us to look into that book of gold wherein are recorded by the angels the names of those who have most fully discharged their duty to God and man, we should find their names inscribed as "leading all the rest." It is such men who reflect the example of him who gave to the world the parable of the good Samaritan, as the example of Divine charity, that

we are to follow, and to such the response hereafter is to be given, "inasmuch as ye have done it unto one of the least of these, ye have done it unto me." Has the public charged him with inducing them to do too much? No, sir; he has been crowned with benedictions. There is another person in this room who has gone through many States where no voice had been raised in behalf of these people, and has spoken a word when it was needed in the ears of men—not a man of experience, but a woman; and what has been the answer? We all know it has been the same in every place and at all times. She has but needed to go to the legislators and present the cause. She has but needed to tell them what she has seen: "Your father, your brother, your friend, he is suffering, his mind darkened, no one to care for him; if not your relative, your neighbor's—a woman, a man, sick and suffering. In every community the result has been the same. The gentleman from Iowa holds his position to-day, because this woman went into that State. There are others also, and there are thousands of helpless, wretched ones, and wretched only because they are helpless, to whom she has been a benefactress. What does she say? She has not asked whether these are poor or rich, and yet she has always sought and obtained the best for them. She has seen the great alms-houses, and does she commend them? But we are told it is expedient to abandon the idea of hospitals, and adopt these middle class receptacles. Sir, it is never expedient to do wrong, and this would be wrong. I tell you this is not a question of expediency, but one of principle. We are asked to lead the people to a lower level of duty, under the disguise of doing them good. We are to persuade them that the name *Asylum* is all that is necessary; that they can be just as well taken care of in those chronic establishments, at much less cost, if they will but think so. If assertions were arguments, we might consider the question settled. Why not give us the secret of cheapening in the existing hospitals? If we have not done our duty, let us know it; if these gentlemen have a plan by which we

can do more and better than under the present system, which has been adopted and carried forward so successfully for years, let us have it. Let us not have it, however, in vague assertions and indefinite propositions, but in distinct, clear figures. If the point is, that money is to be made or lost, if it is to be a question simply of finance, we want it in that form. Sir, we are not to be diverted from the duty and labor of pushing the public asylum system forward by these specious cries of cheap *this* and cheap *that*. Colonies for the insane are not new. How long has Gheel been in existence? More than a thousand years, and where is its repetition? If it is so good a thing, so wholesome a thing, why has it not been repeated? Esquirol visited and examined it as far back as 1821, and why did he not adopt it? The institution of Fitz-James is a private institution, a farm colony, where the insane are classified into rich and workers, and why not recommend this? Why is not this institution, its management and reputation brought forward as an argument for the adoption of the farm system? This subject of general provision has been discussed abroad under three heads—social advantages, economical results, and curative results. Let us have the testimony distinctly, that shall apply under each of these heads, and then we shall be prepared to ascertain the actual advantages to be derived. We say, and say with truth, that the institutions of the country have vindicated their character by success, and I should like to see the man rise upon this floor and deny this proposition. If there is such a man, then I would ask him where are the faults that you propose to remedy? Let them be pointed out in their practical bearings. Let us have something more than “I suppose this,” and “I think that.” The social, economical, and curative results are the results we have aimed at. If you have anything new, we desire you to exhibit it. If the ideas and practice of the great body of medical superintendents of America, France and England have been based on fallacious principles, we trust we are not so prejudiced as to refuse to see the truth, if these gentlemen will but give us the

data. One distinguished gentleman in England, Dr. Robertson, has considered very maturely the advantages of the asylum system as contrasted with colonies. He is a man of large experience, and after making the most careful investigation of the subject, his opinion is to be considered of some value. He has the care of a large asylum, is a man of learning and ability, a man charged with great public duties—no mere theorist. He says, in respect to economical results, that an institution founded upon any other than the asylum system, would be found utterly fallacious. In Devon and in Cheshire they undertook to take care of these people, as a matter of economy, in cottages, and they found it cost more than to support them in the asylum. Dr. Robertson says that out of 250 women he could hardly find six who wanted to be isolated, who wanted to be put off somewhere else. Is it not marvellous that, after this experience, these gentlemen should want to repeat it here? If more asylums are required, let us build more. I will read you some extracts from Dr. Robertson's conclusions: "If past success, unparalleled and un hoped-for, almost, were to be the test of the means most suitable to provide for the future increase of pauper lunatics, the present public asylum system would stand without a rival. The twenty years which have passed since 1844, have seen a progressive advancement in the treatment of the insane of all classes—taking its rise under the fostering care of the commissioners—in the public asylums of England, of which the annals of medicine offer no similar record. It does, therefore, appear unwise, rashly to abandon the hope of providing, through means of the public asylum system, for the care and treatment of the increasing number of pauper lunatics, when already so much has been secured, and when, comparatively speaking, so little remains to be done. Union houses [cheap places for the chronic insane] have always been found unfit places for the treatment of insanity; the private dwelling is, from the nature of the disease—as Dr. Mitchell on his hobby hardly sufficiently realizes—of only very limited application,

and agricultural lunatic colonies are but the day-dream of benevolent enthusiasts unversed in the real life of the insane. In contrast stand the public asylums of England, rich with the practical fruits of twenty years' experience, trusted by the poor at home, and known throughout the civilized world for their success in turning the house of cruelty and bondage into a quiet home of peace and rest."

He then advocates the extension of the public asylum system, especially by enlarging the existing institutions, by additions "as far as its original structure will admit," and when this plan will not avail in extending the establishment to its requisite, ultimate capacity, he would add detached blocks or supplemental asylums, as recommended by Dr. Bucknill, and also a limited number of cottages to be occupied by the persons employed who shall receive in them a few patients. In summing up, under the three heads—1st, social advantages, 2nd, economical results, 3rd, curative results—Dr. Robertson remarks on the first, "the advantages all lie on the side of the public asylum system."

Of economical results he maintains that in England these would be found also on the side of the public asylums. Of the comparative expense, he says: "The cost also was rather above that of the asylum." On the question of labor in this connection, he says: "I reply that no one familiar with the real life of the insane would venture to promulgate so unlikely an idea as that there is any possibility of the product of their labor sufficing to pay the cost of the maintenance and treatment of the insane poor. I submit this opinion with confidence to the judgment of all men of experience."

On the curative results he says: "These results, I hold, are best attained in a public asylum for the insane." He maintains that it is in the extension of the public asylum system that the real advance is to be sought and attained. On the score of economy, I should like to ask whether we are to expect that we can have anything cheaper anywhere than four

brick walls and a bed? Yet I believe that is all asylums generally furnish. If the sleeping rooms are now too large, those gentlemen advocating change should say so. If these helpless people in our institutions have too much general space to move in, they should signify the true amount. If the food furnished is too good or too generously given, it is easy to correct the error.

The experiment of cheaper diet has been tried in Massachusetts, at Worcester. It was found that patients were more troublesome and difficult to get along with. Why? Because they were starving. Because they were deprived of that nutrition necessary to keep their souls and bodies together in their proper relations. The experiment was abandoned, and the patients soon came back again to their former condition. If that is not a sufficient lesson upon this subject, where are we to seek it?

These gentlemen confine their efforts to the care of the poor and indigent in contradistinction to the system in existence which provides for all the insane. They would send to these second class chronic asylums, as proposed in the Willard bill, only paupers.

What provisions would here be made for those private patients who have become chronic in private asylums, and have exhausted their means in these, it may be said, "in riotous living," for they might have been taken care of longer and just as well in a public asylum? Being chronic, they have no chance of admission to the higher class hospital, and being now paupers they must descend to the lower class receptacle. We have such cases at Utica. We have received them on public orders after they have been turned away "chronic" from private establishments. These people may feel, but what of that; "only paupers, whom nobody owns!" There are those whose habits of life would not make them uncomfortable, if you were to give them much meaner fare and poorer beds to sleep on. They have been accustomed to very poor

living in all respects. But this class does not form a large element in our State asylums, and some of these have become insane through poverty of living. But side by side with these poor, there is another class, who have fallen from a higher estate, and who feel the least depreciation in diet or comfort in any respect. Will you make any distinction in the care of these poor, and if so, how will you draw the line? Will you make the distinction at the commencement of the disease, or only after it becomes chronic? Many of these people, when they shall have passed into the chronic stage, will understand and realize the distinction you propose to make, and yet will you make a difference in the treatment of the various classes? Of course not. There is no difference. They are all poor and sick, and in this they are on the same level. If they had no friends you might do so, and no questions would be asked, but they are the same people as though they had a thousand friends, and their treatment must be the same as it is now. Mr. President: I think we need rather to elevate our institutions than lower their character. Our friend from Connecticut, Dr. Butler, must not ask the generous public for additional libraries, amusement halls, etc., for one class of his patients, who are able to pay, and in the same breath recommend to the other class, who have nothing to pay, and for whom the commonwealth has wholly to provide, second class accommodations and no amusements. Has he lost all faith in the people? I understand he is quoted as in favor of this scheme.

Can Dr. Butler go through his institution and point his finger at this and that patient whom he would elect to be sent away to this cheaper institution? No, sir; no man can do that; he would desire somebody else to do it. The Committee propose a commission, composed of men who have no knowledge of these patients, to designate these unfortunates. I have looked over the Asylum at Utica again and again, and asked which shall I send away? There is a poor woman who

has three or four children, whose husband makes a pilgrimage from year to year to visit her. She may not feel as much as some others; shall I send her? No; she is a mother. Send that young girl; she is demented. Alas! what has she done to merit this distinction? There is a man paralyzed; send him? No; he requires too much medical care and nursing. And so I go through the list, and the result is, I am unable to select any one. And I apprehend this would be the experience of Dr. Butler or any other member of the Association who should look through the wards of his hospital with the view of determining which of his patients he should assign to inferior quarters. I do send persons to poor-houses, but I am opposed to it, and only do so because the law so commands me, when it is necessary to make vacancies for recent cases, and I have permitted one hundred to be crowded upon us rather than send the helpless away.

I have seen men flourishing and in power, robust in health, imperious in their manners, and I have seen the same men again in the asylum, under the order of a superintendent of the poor, helpless and wretched. It is not for you or for me to say we may not be so ourselves. Sir, I would demand for these persons, even though they have no friends to care for them, the same comforts I should desire to be provided for myself if I were in their condition, and when I cease to maintain this position, I shall no longer desire to be a member of the medical profession. When we fall below this, we sink beneath the sacred pledge we have taken in entering upon our profession, to say nothing of the christian rule to do unto others as we would that they should do unto us. These are the great principles upon which these institutions were founded, and by the maintenance of which alone they may be assured of success. Men who adopt a lower standard must school themselves to do injustice to others, and that injustice will certainly recoil upon themselves. Now, if we are to adopt the rule of expediency hereafter and lay aside the great

principles by which we have hitherto been governed, let us not act under the guise of love to the poor in so doing. Let us say to them frankly that we are too poor to do better. While, however, the means are afforded us by a generous and willing public, let us act up to the measure of our duty, and not endeavor to deceive ourselves and the helpless, whose interests we represent, by declaring beforehand that the burden of charity is too great to bear. Let us whisper no such false plea into the ears of those who know better and who would soon tell us so. Let us do now what is right, and let the future take care of itself. Our business is with to-day. Let us take no step backwards, and above all, let us not turn our backs upon what we have heretofore advocated in order to adopt a lower standard of professional duty, but seek rather to go still higher, at least until the people, to whom we are responsible, shall say to us, "You are doing too much." Let us pursue the course we have already trod, striving rather to do where we have left undone; to be more efficient where we have hitherto failed, and endeavor to enlighten the communities in which we live as to the nature and wants of the great work that has been placed in our charge. For myself, I cannot adopt any other course. The doctrine typified by the parable of the Good Samaritan is the doctrine of the fathers, and are we the degenerate sons to degrade it to a mere doctrine of expediency? The Good Samaritan is the seal of one of the oldest medical hospitals of our country. "Take care of him, and what thou spendest more I will repay thee on the morrow." Shall we discriminate in charity, and add to the weight of the burden of disease the ignominy of separation on such grounds as some gentlemen propose?

I propose to say a word in reference to a remark I made relative to Dr. Butler. I do not know that Dr. Butler adopts the chronic scheme at all. If he does, I can only say, "How are the mighty fallen!" I have no direct evidence of his holding such a position, and I therefore withdraw what I have said touching him.

I have detained this Association longer than I ought to have done, but this is a subject in which I have been interested for years, and I have seen enough suffering, enough tears, and have heard enough pleading, and have looked into the faces of afflicted men and sorrowing broken-hearted women long enough to feel that they are not all dead when they seem to be. I have known men and women, after years of apparent hopelessness, get well ; persons whom, I am ashamed to say, I have said would not get well. I am more careful now how I pronounce a case to be incurable. When such men and women have emerged from the darkness that had so long overshadowed them, they have told us what we have said and done, and that they have felt the good and ill. I recall now a boy who, for months did not speak a word, but sat with his head down, his eyes dull, and we called him demented. He became thin and wasted, but still he spoke not. His mother came to see him, and wept bitterly. I listened to her, and told her as gently as I could that I did not think he would get well. She went away and came again with a breaking heart, but she was unable to take him home. She had not the means to nurse him, though he seemed to be gradually sinking into the grave. What would you do with that boy ? Would you send him off to a distant place, where his mother could no longer visit him, with the stamp of incurability written upon him, and brand him as a pauper ? That boy suddenly emerged from darkness of mind. He had heard every word that had been said in his presence. Dr. Brown remarked the other day that we could not tell the operations of the mind. It was well said ; we cannot tell. No man could pierce into that mind and say of what that boy was thinking. Among other things, after he recovered he said, “ When you came in with Judge — you pointed me out to him, put your hand on my head, and said so and so.” I had pointed him out as a marked case of dementia. He did not seem, at that time, to know enough to go to his meals, and was led to the table. He said, when I asked him on this

matter, he thought he had no right to eat; that the food was not his; that he was waiting to go home. Think of it, waiting, silently and patiently, to go home for all those months! We did not seem to do much for him. We gave him a little room, 8x10, to sleep in, had him washed and dressed and taken to his meals, and took general care of him, and he got well. There is not a Superintendent here who could not recite cases of the recovery of patients pronounced by himself incurable.

The President of the Association has truthfully said, in a recent annual report, in respect to persons pronounced incurably insane, that "only Omniscience can tell." And when God gives us something more than the fallible judgment of men, it will be time enough for us to pronounce a person incurable. I, for one, have ceased to pronounce any such judgment, as disease is only complete at death. The past that was wrong, I cannot make right, but with more experience I can do better in the future.

DR. NICHOLS—After the forcible remarks of Dr. Gray, it does not seem to me that anything more need be said with the design of affecting our sensibilities touching the question or questions now before us. At any rate, I shall concede in the views I propose to submit that we are all disposed to do all that we consider practicable for the benefit of the insane. Not to take up the time of the Association, I have simply sketched certain propositions, which it seems to me are applicable to the subject under consideration; and I propose to submit them in lieu of any further remarks other than to say that the familiarity of most if not all the members of the Association, with all questions touching the wants and claims of the insane, the character of the provisions that should be made for them, the question of their support, the disadvantages of their removal in an unnecessary distance from their homes when they are taken insane, or in any subsequent stage of the disorder, is such that the reasons which have led me to

the conclusion I propose to submit, although they may not have the same force in the minds of other members they have had in mine, will probably occur to each member. Therefore, I do not propose to elaborate my views, but simply to submit, as I now do, in brief form, the following propositions,* which I will now read to the Association, and offer for consideration at a later hour in the session.

DR. EARLE—This is not a subject that I have studied very much of late years, and I shall be to some extent forced to fall back, as politicians often do, upon my formerly expressed opinions. I think, in my notices of the Reports of Hospitals for insane in this country for the last twenty years, I have met the question more than once. I know that at least fourteen years ago I expressed my opinion very clearly and distinctly in print, and that opinion may be found in the *AMERICAN JOURNAL OF INSANITY*.

When I was last in Europe, and went through the German countries, I was very much surprised, and I may say astonished, to learn the extent to which the subject of insanity had claimed the attention of the physicians of that country. We are at least, I was going to say fifty years, at any rate, far behind the Germans upon this subject, as we are upon many questions connected with the general subject of insanity. This subject of the treatment of the chronic insane was very fully discussed in the countries in Europe, in which the people speak the German language, from twenty to twenty-five years ago, and they came apparently, certainly practically, to a pretty definite conclusion. It seems to be the general opinion in all the Germanic countries that the chronic insane should be separated from the acute; but then came up the second question, where will you place your different institutions; will you have them near together, or will you have them as separate institutions at different points? This subject of the loca-

*These propositions will be found near the close of the DISCUSSION.

tion of hospitals for the curable and incurable runs through an amount of published matter in Germany very great in extent. Some of the most eminent German writers have taken one side, and some the other. I am sorry to say that one of the ablest superintendents of hospitals in one of the Germanic countries has always advocated the entire separation of the two kinds of hospitals. A large majority, however, of the writers upon the subject have advocated what they call a relatively connected system, where the two institutions, one for curables and the other for incurables, shall be near each other and under the same plan of management as Dr. Kirkbride's institutions for the two sexes. Practically, indeed, they have come back essentially to just what we now have. At the time I was there, in 1849, the large establishment at Halle, Prussia, and a large one which had not then gone into operation, on the Rhine, near the city of Johannesburg, and another at Vienna, were all on the relatively connected plan. All these institutions realize, almost precisely, one actual practical plan. For instance, at Halle the institution is built like that at Utica, round a square. In the centre of that square is the kitchen. In the centre of the court are two sheds, cutting the interior square into four equal parts, these sheds running parallel with the building, and the food is carried through them to all parts of the house. Two of the wings are devoted to the curable and two to the incurable. Now, in my hospital, our separation is almost as distinct as that.

I mention this as the result of a very thorough and protracted discussion of this question among that wonderful people, from whom we derive the Saxon element of our blood and of our character.

DR. WALKER—How many curable cases have you in your institution?

DR. EARLE—I do not know; very few, however.

DR. WALKER—Have you twenty?

DR. EARLE—I should think we have twenty curable cases out of three hundred and fifty. Let me say just here, that in the account I gave of the hospitals in Germany, I made a remark in which I proved myself a true prophet, as I hope I shall in what I said a day or two ago on moral insanity, that the time would come when this subject would attain a prominence in this country that would require the question to be definitely settled. I therefore gave a brief account of what had been done in the Germanic countries, and then remarked, in substance, that after all I had heard and read on the subject, and after all I could conceive could be said or written, my opinion would remain as it then was, and now is, that the best way, the true way, the most humane way to treat the insane is to district your State, put your hospitals each as nearly in the centre of its district as possible, and receive all the insane of each district into its hospital. I repeat that I am fully convinced that is the most humane way and the true way of treatment, and I believe it will be found as cheap a way as can be devised. If we had a hundred insane people in Massachusetts demanding to be taken care of, I do not believe they could be properly anywhere else, or in any new establishment any cheaper than I could take care of them in Northampton. Now, there is one objection to the last resolution reported by the Committee. “Demented persons, in whose cases the disease is chronic and advanced, may with propriety,” etc. Now, with my interpretation of that language, I seriously object to it. If I could be the one to select the persons, that would be a consideration, but even then I do not see how we are going to take care of them any cheaper, and that is the only ground on which separate institutions are proposed. The State of Massachusetts is now preparing a place for one hundred patients at the State Alms House at Tewksbury. Can they provide for or treat these one hundred demented patients any cheaper than we could at one of the hospitals already established, by making a little addition? I

do not believe they can, if they are properly provided for and properly treated. With my interpretation of this resolution, I should seriously object to it, and I do not think it wise for the Association to adopt it. Mark the latitude which could be given to it by other people—"When the disease is chronic and advanced." There is no definiteness in that. After one year the "disease is chronic and advanced." Under that resolution, with the latitude always taken in such things, 300 patients could be taken from our hospital.

DR. WALKER—Are there 300 cases in your hospital a physician would pronounce in an advanced stage of dementia?

DR. EARLE—Do you not know, Dr. Walker, that you might call one person demented, and I not? Do we not know that a patient might be brought into this room, at this moment, and if each member of the Association was asked to classify his disease, some would place him under the head of dementia, and others under the head of chronic mania?

DR. WALKER—I should differ with you there. Some might place him under the head of melancholia and others dementia, but between mania and dementia I doubt if there would be a difference of opinion.

DR. EARLE—Very well. Let me say that from all the observations I have made upon this subject, I think there is a very great difference in the minds of superintendents of our various institutions in regard to classification. Examine the reports, and see how many more one superintendent places under the head of mania than another in proportion to the aggregate number, and so of the other classes. I believe there is nothing like uniformity in that respect. On the stand in courts, I have several times, as a witness, differed with other medical witnesses on the classification of the disease. And I seriously think that, allowing for the stretch that all such acts receive, that 300 patients could be taken out of my hospital, and 150 out of either of the other hospitals in Massachusetts.

DR. WALKER—It ought, perhaps, to be stated that most of your patients have already been through some of the other hospitals.

DR. EARLE—Not most of them. I do not know the proportion. I should think perhaps half.

THE PRESIDENT—Do you constantly receive recent cases?

DR. EARLE—We have done so, and hope to continue to receive them.

THE PRESIDENT—My object in asking this question was to illustrate the fact that incurable cases require the advantages of a first class hospital. Here is a hospital in which a very large majority of the cases are incurable.

DR. EARLE—Certainly. Everybody who knows anything about the hospital at Northampton knows that a very large proportion of the patients are incurable cases.

DR. CHIPLEY—I wish to ask Dr. Earle whether, if his twenty or twenty-five curable patients were removed, it would be possible to reduce the number of attendants and reduce the cost of food and clothing, consistently with proper care of the patients?

DR. EARLE—Not one iota. It would not cheapen their food or clothing at all.

Now, in regard to the institutions for the chronic insane: I visited several of these in Germany, and I could describe their condition. I remember one particularly, at Dusseldorf, that was reasonably neat; but everywhere, almost, there was just what you might expect—neglect and filth.

Now, there are so many to speak on this subject, that I do not intend to dwell upon any particular point, but to state conclusions rather than arguments. I was going to say that one of the strongest arguments I have heard mentioned by any one, for keeping the chronic insane with the curable insane, is that their labor cannot be turned to so good purpose

anywhere else. In the State of Massachusetts, Dr. Wheelwright, Superintendent of State Charities, who has the power to go to our asylums and remove any patient he pleases, and who will be the man to make the selections for this new institution, at Tewksbury, may take a very large number of those able to labor. But if he takes away my patients, who are useful as laborers, I shall have to hire other people. It seems to me that is really one of the strongest arguments in favor of continuing the present system, and that, if properly presented, it should have particular value with those who attempt to decide this question, simply upon its pecuniary relations. I ought to say, there is a strong feeling in the minds of some in office, in Massachusetts, and men of influence and power, to some extent, to have the question tried. They are disposed to believe that the proper way is to have separate institutions for the incurable.

DR. GRAY—Are they men who have had experience in the management of the affairs of the insane?

DR. EARLE—Not generally.

DR. VAN NOSTRAND—I would like to ask Dr. Earle whether, if they were to take away the twenty curables from his institution, and attempt to lower the standard of the institution, he would remain in the institution?

DR. EARLE—I would not.

DR. VAN NOSTRAND—Parties in our State have been talking upon the subject a little. I took the position, in my report, that no man who is fit to take charge of these helpless, insane people, would stay in such an institution. They might be able to get along a little cheaper, but such an institution could not be kept up on a basis creditable to the humanity of the people.

DR. EARLE—I ought to add a single sentence more, to what I said of the German institutions. The institutions for the incurable, which I visited, were all old institutions, established

many years before. All the new institutions had their incurable department connected with the curable.

DR. GRAY—It has been remarked that these persons may be provided for in Massachusetts a little cheaper at this new institution. I should like to inquire whether brick and other building materials are much cheaper in Tewksbury than they are at Northampton?

DR. RANNEY—I take it that the building at Tewksbury will cost less than an addition capable of accommodating an equal number at Northampton, Worcester, or Boston, would cost.

DR. EARLE—I do not know. I have not investigated the subject. I think the building at Tewksbury will probably cost less than one at Northampton, but it will be very different from the building we have. I have no doubt that building will cost less than one with accommodations for the same number would at either hospital; but a common barn or stable would cost less than that building.

DR. VAN NOSTRAND—And would be just as well ventilated.

DR. EARLE—I know nothing about it, and, therefore, am not competent to speak on the subject. I presume the sole object in erecting that building, however, is to support the insane cheaper. I perhaps ought to state, and I do it as a matter of explanation, merely, that some two or three years ago, Dr. Hills, in his report, recommended a plan for a hospital for incurables. Some correspondence followed, between Dr. Hills and myself, in respect to the plan being inserted in the *Journal of Medical Science*. I informed him, in the course of that correspondence, what I should do in regard to it, and I afterwards did it. I made a fair exposition of his plan. I do not recollect how much I quoted from his report, but sufficient to make it understood. I then distinctly stated it had always been my opinion that hospitals should be constructed as I have here stated. I thought they should; but that under the then condition of things—in the midst of war—I thought the pros-

pect was that it would be impossible for us ever to have our number of hospitals sufficiently increased to accommodate all the insane upon the present plan, and that for that reason alone I would be in favor of the next best thing, *i. e.*, having establishments for the incurables, and that I thought the plan of Dr. Hills was a good one—something to that effect. But the war has ended, and, although we have all got to be taxed, yet things do not look so dark as they did when I wrote that, and I shall, therefore, resume my old opinion, and cling to it just as long as I can. I shall not yield until I find it absolutely necessary.

DR. TYLER—I have nothing new to offer upon this question. Whenever it has been under discussion, as it has been before the Association two or three times, I have fully given my views upon the subject. I do not believe we ought ever to think of separating the curable from the incurable insane, and I do not think it would be any more safe to divide the acute from the chronic insane. There is no mode of classification that I would advise for separation. I think the test given in the resolutions that have been offered for division, is liable to less objection than any other. I think the arguments that have been adduced here, against it, are, to a great degree—though I do not say how far—fallacious. The same arguments that have been presented, on the score of humanity, against placing demented persons in separate institutions, would apply with equal force against placing them in hospital at all. Still, I think our present hospital system is the best and the only one we, as an Association, ought to recommend.

I merely wish to say, in regard to Massachusetts, referring to what Dr. Earle has said here, that something would unavoidably be done in the way of taking care of the chronic insane, outside of the regular organized hospitals of the State. This suggestion came through the Board of State Charities, or members of that board; and my argument is—though I can only speak concerning those gentlemen of that board with

whom I have conversed—that they have recommended this, not as the best measure, but as a measure they feel themselves forced to adopt, because they have no faith that the State of Massachusetts will build another large hospital. It is merely with them a financial question, and I am inclined to think that the voice of this Convention, coming strongly, as I judge from the discussion so far as it has progressed, it will come strongly enunciated in favor of the hospital system, as best for the insane, will have great weight with those gentlemen, and enable them to take stronger ground than they have done, and give them more courage.

On the score of humanity, if I found the choice was to be between some establishment for the care of the insane, humanely organized and so managed in every respect as to secure a degree of comfort to the class of demented persons referred to, which institution, whatever it might be, would draw these people from their different localities in the poor-houses, where we know they are not properly taken care of—I say, if the choice was between such an institution, and allowing these people to remain where they are, it seems to me, on the score of humanity, I should very much prefer to see the idea carried out, for want of something better, simply as the best thing that could be done.

THE PRESIDENT—But you would, however, think it important that the Association should express their preference for the existing class of hospitals?

DR. TYLER—Yes, sir; I think I gave my views clearly on that question.

THE PRESIDENT—I beg leave to ask Dr. Tyler whether he does not think the adoption of this intermediate class of institutions would have a tendency to prevent the building of first class hospitals?

DR. TYLER—As a general thing, I should think it would. If I thought it would prevent the erection of regularly organ-

ized hospitals, or that this class of institutions would be substituted for hospitals which would otherwise be built if they were not, I should certainly oppose them with all my ability. I have no doubt at all that our hospitals, as at present organized, are the best for the care of all classes of insane, and that anything else would be a mere expedient. What I said referred simply to the fact that, in *even such* institutions, these people would have better care than many at present have in our poor-houses.

DR. PECK—When the matter was being discussed last winter, in the Ohio Legislature, with respect to making provision for the insane who are now in our alms-houses, a gentleman said to me, when advocating strongly, as I was, the erection of more regular hospitals, and the enlargement of our present ones, that in New York they were about putting up one for this very class, upon a cheaper plan. I told him, my word for it, I did not believe the State of New York would ever build a hospital of that sort. He said they would; that the Legislature of New York had already acted upon the matter. I told him I did not care if they had; my word for it, they would never build such an institution. Now, the point I wish to make is, that if New York had actually commenced a building of that kind, I do not believe our Legislature would have provided one dollar for the enlargement of our present institutions, or the building of new ones; but, inasmuch as it was not a fixed fact, I succeeded in getting an appropriation for enlarging the Northern and Southern institutions, with a fair prospect of another new hospital at no distant day.

DR. BANCROFT—I propose to say but very few words upon this subject, although I have been deeply interested in all that has been read or said, and I am especially so, for the reason that it is a question which interests my State at the present time. Our hospital is full and overcrowded, and this question, in a different form from that it has taken in other States, is now before our people, and some action is expected at the

next session of our Legislature. The form it seems about to take is this: A proposition is to be made to change our poor system from town to county, making all our town poor county poor, and to erect county establishments. The idea connected with this, although the proposition has not come up directly, is to establish, in connection with each of these county poor-houses, a department for the insane also. This has been done in one county already, and I think that it can work only evil with us, even if it should operate well on a larger scale. These will, of course, be only small establishments, perhaps sufficient to accommodate twenty-five or thirty patients, in each county, and we have no right to expect that any buildings or arrangements will be fitted up on that small scale, which will be at all suited to the wants of this class of persons.

In regard to the general question, I hold this view: Our present system of caring for the insane has been proved. It is one which is well established, and we know that it works for the advantage of the insane. If this system should be changed for another, it will be under the sole consideration already named—of keeping them at less expense—and I, for one, should look with some degree of fear upon any plan having such an element and motive. I do not believe that, under our present system, we do too much for any class of the insane; and, as has been remarked to-night, all that we gain in the item of expense will be in the way of subtraction from what we do for the patients. If we do not do it in respect to medical care or in food, clothing, or other necessities of life, it still must be in taking something from the benefits we now bestow upon them. I should be reluctant to see the demented class of patients deprived of even the moral and religious privileges which they enjoy in our hospitals. Again: It would be exceedingly difficult ever to make any division of the insane, in filling up these new receptacles, which would not do injustice to some of them. I can readily see there

might be some patients who could be well cared for in an institution which should gather around it fewer comforts or privileges than our present hospitals provide; but in making our division we should be pretty sure to exclude some in whose cases it would be a great deprivation to lose these things. I know that in our own hospital there are many of those who are incurable, many who would be considered demented and in an "advanced stage of dementia," whom I can still see derive much satisfaction and real good from these moral appliances, who derive much gratification and advantage from the privileges they enjoy.

As to the question of labor, I have not much faith, under whatever management, that their labor will ever become profitable, *per se*. I have great confidence in the value to the patient of labor, carried to a certain extent, and I should make the greatest exertions in organizing any hospital to provide a system of well regulated labor. I encourage the officers and attendants of my institution to employ the labor of the patients in as great a variety of ways as possible; but it is not in accordance with my observations to believe that labor is productive in any other sense than beneficial to the patient. There is much of it which it is very expensive to provide for, and the testimony of those who have made this subject a matter of careful experiment, is against its productiveness. I may be allowed to say that, within the last few months, I have had the opportunity of making some inquiries upon the subject, in the English hospitals, and wherever I had the opportunity to visit a hospital, I made that particular a point of special inquiry, and received, in nearly every instance, very definite statements from superintendents and others. I found very few who were ready to say they had ever made labor pecuniarily productive. Out of a large number of places I visited, there were not more than three in which it was confidently stated that labor had been productive; and even in some of these, qualifications were added.

Dr. Hill holds that he makes labor productive in a pecuniary point of view ; and yet one of the prominent members of the Commission of Lunacy told me, in private conversation, he did not think the statistics showed that, and he had no confidence that it was really so. And that is the institution at which labor is acknowledged to be carried on to better advantage than in any other hospital in England. In every place which I visited, the superintendent advocated labor, in the strongest terms, as a curative influence. I think it is secured to a larger extent, and under a better organized system in that country, than I have supposed it to be in this.

This idea has occurred to me during the discussion to-day. I should fear that if we should admit a form of organization of institutions, based on the idea of supporting them by the labor of the insane, the desire for light taxation and the disposition upon the part of public officers who have charge of the poor, to show a good bill of economy, would induce them to seize upon that as a ground of introducing institutions in which the insane would not be properly cared for. Now, it is within my constant experience at home to have the inquiry put to me in reference to cases that have been some time in the hospital, "What is to be the result of this case? is this patient curable? Because if there is no good prospect of recovery, we should wish to keep him cheaper." That is especially the case with paupers. I see a constant tendency in that direction, a constant pressure for information, which is adverse to the recovery of the patients. As soon as you are obliged, by the delay of favorable symptoms in a case, to express a cautious opinion of the future, there is a pressure to take the patient away, and it is one of the most embarrassing things with me in regard to that class of patients to keep them long enough to give them a fair trial or to settle the question of possible recovery. It seems to me if we should give any encouragement to the idea by adopting any modified system of hospitals, this pressure would increase, and we

should not be able to keep any case long before the officers would be urging us to a decision as to whether it was curable or not. It is possible that cheaper institutions may be constructed, where this class of people may be cared for with some degree of comfort, but I should myself rather be on the safe side, and if any modification of our present system is called for, I should rather it would be accomplished by a system of classification under which these people should be provided for in buildings attached to regular hospitals, under the care of the regular superintendents. I should regard the adoption of any other system, however, as incurring a serious risk of depriving these persons of proper care and treatment. I have already learned, as others who have spoken, never to despair of the recovery of the patient. I do not believe we are authorized to pronounce any case incurable. I do not believe it is right for those in charge of a hospital to give up any case; but on the other hand, that it is our duty to continue our care and wait with patience for the result, and I should be sorry to give my vote for any plan that should incur this very great risk.

DR. GRAY—I should like to make a single remark in relation to the statement of Dr. Bancroft in regard to county institutions. A few years ago one of the large counties in New York established a county asylum, and erected a special building for the accommodation of insane patients. Last winter they had 120 inmates, and from the report made to the Legislature, it was one of the worst conducted establishments to be found in the whole State. I give this as an instance of the manner in which such institutions invariably degenerate in a short time.

DR. BANCROFT—I will just add to what I said in relation to a particular county in New Hampshire, where this policy of caring for their own insane has been adopted, that since that was established there has been a disposition to withdraw the insane of that county from the asylum, and at present we

have hardly a patient from that county. Another fact occurs to me in connection with the same matter. I discovered in the progress of this thing that there was an itching on the part of the Superintendents having that county establishment in charge, not only to take charge of the patients for whom it was designed, but to get as many into it as they possibly could, urging the Commissioners to take them from the asylum and place them there.

It was now moved to adjourn till to-morrow at 9 A. M., but the motion was withdrawn at the request of Dr. Curwen, to enable him to offer the following :

Resolved, That a committee be appointed to take into consideration the proper treatment and care of the epileptic insane, and report at the next meeting of the Association.

DR. CURWEN—I offer this resolution because I really think these patients have less care, and require more attention than any class of patients we have.

DR. TYLER—I second the resolution, and am very glad it has been offered.

THE PRESIDENT—The Chair fully concurs with Dr. Curwen that there is no class now deserving our sympathy so fully as that of the epileptic insane.

The resolution was adopted, and the Association adjourned till to-morrow at 9 A. M.

FOURTH DAY.

Friday, April 28, 1866, the Association met at 9 A. M., and resumed the consideration of the report and paper on the care and treatment of the chronic insane.

DR. ABBOTT—I did not think of expressing any views on this subject at all. I came to the meeting with my mind settled, having formed my opinions from very much the same facts as have been presented by others, and have now no dis-

position to protract the discussion. I presume every gentleman has made up his mind how he will vote upon the question. There is, however, one aspect that has not, to my knowledge, been presented. It is this: In the remote districts particularly, the workings of our asylums are not so well understood as in their neighborhood, and a great prejudice exists against asylums altogether for the custody and treatment of the insane. With many the prominent idea is, that asylums are mad houses; they do not visit them or see their beneficent workings. This prejudice operates very much to the disadvantage of those who ultimately reach the asylum. It often protracts their stay at home until the disease becomes more or less chronic or past its curable stage.

- Whatever fosters these prejudices operates to the great detriment of those who, through the providence of God, have been brought to the deplorable condition of insanity.

Now, the proposition to change the mode of treatment for those who are incurable, and provide a cheap plan for their care and employment, will strengthen these prejudices of the community. It cannot be denied that the plan of treating the insane in a cheap manner, and of getting from them whatever amount of work it is possible to obtain, if once commenced as a system, will go on from bad to worse until such institutions become subjects of investigation by grand juries. I have no doubt that such would be the result, and that the public exposure of evils incident to such a system would cast a dark shadow over our existing institutions, now so beneficent in their operations and in their objects, and thus the institutions which we represent will suffer materially. I see no redeeming feature about the proposed new system, but, on the other hand, it seems to me to be fraught with incalculable mischief. I am ready, so far as I am concerned, to vote at any time upon the question.

DR. LOMAX—I have not much to say on the subject under consideration. While I am free to admit that those who

advocate the proposed new system are just as anxious about the care of the insane as I am myself, yet I think the proposition brought forward in the paper which was read, will have a very bad tendency. Rensselaer county, I think, has a right to speak on that subject, because that county has provided very generously for that class of patients, and in doing so, they have not established a county alms-house, but a regular insane asylum, with corridors, wards, dining rooms, and every feature of such an institution, with a proper number of attendants, a regular organization, etc. The Marshall Infirmary receives both the acute and chronic insane. It was opened, I believe in 1859, and since that nearly 400 patients of both classes have been received; and about 100 of these have been discharged, cured, showing that the operations of the institution have been very successful. The institution is largely indebted to the benefaction of one individual, from whom it takes its name. The county also contributed \$12,000 or \$13,000 to its original funds. It has been largely patronized by liberal people in donations, etc. And at this very time the endeavor is being made to relieve the institution of a debt of \$20,000, by subscriptions, and I think it will succeed.

I speak of this institution because I think it is an honor to the county. Instead of trying to build a cheap institution they have tried to build one upon the old recognized plan. I think I can safely say that the County officers would not favor the kind of institutions Dr. Willard's was intended to be.

DR. CABANISS—My mind is fully made up on the subject, and I shall not vote to sustain the views expressed in the report of the Committee. I think Dr. Gray has expressed my views so much better than I could myself, that I feel indisposed to make any remarks. I should regret if in Mississippi such institutions as proposed by the paper read or by the Committee were to be established. I regard the present institutions as the true inheritance left for incurables, and I am not inclined to take it away from them. I shall vote to let mat-

ters stand as they are, and if we are not able to take care of the insane of our State in the present hospital, I shall endeavor to have it extended or another Asylum built.

DR. CHURCH—I suppose it is scarcely necessary for me to say much. I expressed myself so fully in the last annual report of my Asylum, that I have very little to add upon the subject. In this connection, from a hint contained in the paper read by Dr. Cook, it may be necessary to make some apology, understanding him as I did, very distinctly to intimate that it was rather indelicate for members of the Association to anticipate a subject upon which a committee had been appointed. If the Association take this view of the matter, so far as I am concerned, all I have to say is, that as nearly all the other Superintendents noticed the same subject in their reports, I was not singular in taking the view I did. I did not suppose the appointment of a committee precluded Superintendents from expressing their opinions in their annual reports. So far as I am concerned, I have endeavored to discharge my duty under the law of Kentucky, which requires absolutely of the Superintendent to communicate certain statistical information. I do not think it a matter of any moment, and yet I annually give these statistics because they are required by law. The law also declares that Superintendents shall annually communicate upon any subject which they may deem of importance to the insane. I conscientiously believed this subject was an exceedingly important one. We were just about to enter upon the extension of an Asylum or the adoption of some other system. This idea of a cheap institution for incurable patients, had even crossed the Ohio River and had begun to penetrate the minds of gentlemen, conscientious in their desire to benefit the insane, and who might have been induced to believe a change of system would accomplish good, and when I saw that danger, believing that it would be the worst evil that could be fastened upon the insane, I deemed it a matter of importance, and therefore

complied with the law of my State, by communicating my views upon the subject. I hope the committee does not take the same view of the subject which was expressed by the gentleman who read the paper. At any rate, at least a half a dozen of other members of the Association also deemed it a matter of sufficient importance to dwell upon at some length in their reports, and are therefore under the same condemnation.

The question for us to decide is not what any particular State shall do. It is not for us to settle a great question here as a matter of policy. Our duty is one rather of an abstract character, although looking to practical action. The question for us to determine is, what is the best means of taking care of the insane, and when we decide upon the means that are proper and which ought to be adopted, we shall have accomplished our duty. There may be exceptions. What we conceive to be the best means of taking care of the insane, may not be the most practicable in certain localities. I do not think we are determining here how the insane shall be taken care of in the State of New York, or in Kentucky; but as a body of gentlemen who have had charge of the insane, and who are supposed to have had some experience upon the subject, the question comes up what is the *best* plan for taking care of this unfortunate class of people? That is the question we have to determine, and when you bring it down to that plain abstract question, there seems to be no difference of opinion. The gentleman who read the paper admitted that to continue our present system would be the best course, but his whole paper was based upon the assumption that that could not be accomplished in the State of New York, and that the next best thing would be to gather the insane out of their county alms houses and put them into a State alms house. I do not know whether he is right or wrong. I do not undertake to determine what New York can do. I do not pretend to understand what her financial policy may be. I have been

impressed with the fact that there was great wealth in the State, and a large class of wealthy people who were ready to perform their duties to all classes of society, no matter what it might cost. But the question for me, as a member of this body, is, what is the *best* means for providing for the insane? If it is impracticable, as a matter of course, the next best means must be adopted, and finally it may come down even to the alms house.

The paper throughout was based upon the assumption that what we conceive to be the best plan, that is, combining the asylum and hospital principle together, is, in New York, impracticable, and that, therefore, they must fall back upon this other plan. I repeat that we have nothing to do with the exceptions that may exist in the different States. I was a little surprised that the author of this exceedingly interesting paper, a paper which has said all that can be said on that side of the question, should have reported Dr. Brigham as being in favor of establishments of this kind, for I do not know of any one who has expressed his opinions more decidedly in opposition to such institutions. I happen to have in my possession a single paragraph from Dr. Brigham, which is certainly entirely in opposition to the idea that he had at any time ever given support to that class of institutions.

Dr. Brigham says he never saw but one of these establishments for supposed incurables. Of the inmates he says: "They were confined in badly ventilated apartments, from which they were never released except by death. The quiet, the noisy, and the violent, were all congregated together, and a majority were chained to their beds by their wrists and ankles. No contemplation of human misery ever affected me so much; the howlings, execrations, and clanking of chains, gave to the place the appearance of the infernal regions. Little or no medical treatment was adopted. We hope never to see such institutions in this country."

Knowing that this was the language of Dr. Brigham, I say

I was surprised to hear his name mentioned as being in favor of the establishment of institutions of this kind. I do not think his opinion could have been expressed more clearly or decidedly than in that paragraph.

The whole idea of this classification of the insane by separate establishments rests upon a single plea—that is economy. It gives to my mind the most prominent objection that lies against institutions of that sort. If you start out with a certain principle as the basis of action, that principle will permeate everything connected with the institution you are to establish. The one grand idea in this proposed scheme is cheapness. The gentleman who may be placed at its head will, from the moment of his connection with it, understand that this institution is established for the purpose of saving money, and that his credit will rise just in proportion as he diminishes the expenses. Now, any one who will reflect for a moment must see how such an organization will work the utter destruction of those placed in its charge.

We have sometimes expressed our surprise at certain institutions maintaining their patients at ten or fifteen cents a day; but that can easily be done if you can find men heartless enough to take charge of such institutions and govern them by such a principle. You may give a man a pound and a half of corn meal, in the shape of mush, corn bread, in some form, and it will not only maintain life, but a very considerable amount of labor may be obtained from a person so fed. That would be at a cost of only about three cents a day. But you may be a little liberal, and allow three or four ounces of meat a day in addition, and it will only bring it up to five or six cents a day; so that, in the mere matter of the reduction of expenses and of saving money, I am ready to concede that the object can be accomplished. You may build a house that will contain four or five hundred persons at very little cost. Suppose you erect a four story building, 100 feet long and 30 feet wide. You may put 100 persons on each floor. You

may arrange their bunks, four and five high, along the centre, and then leave fifteen or eighteen feet on each side. You may put into a building of that sort, four or five hundred persons, and feed them as I have indicated—on the principle of saving money—and there is no doubt you can save a great deal of money. But would it be humane? Would it be proper? Would it be right to treat individuals, who are not able to take care of themselves, in that manner? If you desire to treat them with humanity, I suppose no one will claim that too much is done for the insane in our present institutions. Then there will be no humanity in separating the classes; and, with the same treatment, it is my firm belief that the cost of the maintenance of the whole number will be greater in separate institutions than when you treat them altogether. For example: In an institution accommodating 250 patients, 150 are supposed to be incurable. We have an incurable establishment to which we remove 150, leaving 100 acute cases, or cases supposed to be curable. Now, does any gentleman suppose that, having removed the 150 chronic cases, you can reduce the number of employes required for the other 100? Does not every one know, from his own experience, that absolutely fewer employes are required with the 250 patients, of chronic and acute cases, than for 100 cases simply under treatment? You will have absolutely to enlarge your pay-roll. Of course, you will not require as extensive supplies for the 100 as for the 250; but that does not matter, for the 150 must be supported elsewhere. The paid labor for the 100 will be greater than for the 250, because of the chronic cases included in the 150, there will be a very considerable number who will actually prove a benefit to the institution—doing a very considerable amount of work, and saving a very considerable amount of expense. Every one here knows that there are a large number of little things which are constantly being done about an institution, by the chronic insane, which would have to be paid for in an establishment from which they had been removed.

I need not recur to the matter, which has been mentioned by Dr. Gray, as to the utter impossibility of determining when cases are incurable. I recollect, when I took charge of the institution at Lexington, there was a case represented to me to have been one of mania, finally terminating in dementia; that there was no one in the institution who had known the individual to speak, and some of them had known him for a period of nearly two years. He was a quiet patient. I did not suppose he would be in any way affected by attending the social gatherings or the chapel meetings, though he was every Sunday taken to the chapel; but he came to me one morning and said very politely, "Doctor, I would be very much obliged to you for a sheet of paper; I wish to write a letter." I could not have been more astounded. Of course, the paper was immediately furnished. I saw from the condition of his mind that there was a very considerable germ left, and a possibility of restoration. Now, there was a case, which, if I had been called upon to give an opinion, I should have pronounced incurable. He stated, in his letter to his friends, that he had been in the habit of attending church for some time, since I had taken charge of the institution, and that he had heard so much of the heavens and the angels, he was disposed to try and do as well as he could so as to go to them and be happy. There was a vein of insanity running through his letter, certainly, but evidently his mind was not in a hopeless case. I had a conversation with him, changed his ward, and placed him with another class of patients, where he would have all the advantages the institution could possibly give him. The result was that, after the lapse of a considerable period of time, he completely recovered. He is a married man; and for the last seven years has been doing exceedingly well—as well as any of his neighbors. Now, take that case, and suppose he had been sent to an institution for incurables; is it likely that anything would have occurred in an institution of that sort to have aroused him, and even if he had shown some symptoms of improvement, would it have been possible in such an insti-

tution to give him the best chance of recovery? Could you have put him in a better condition, especially in an institution the prime object in the management of which is to make it self-supporting?

I do not know that it was scarcely necessary for me to have said even as much as I have. There is nothing in connection with the management of the insane, of which I am more thoroughly convinced, than of the impropriety of the separation proposed. I cannot see anything, in any aspect of it, not productive of unmingled evil. You may look back to the whole history of the world, so far as the insane are concerned, and it is, without exception, that, whenever you place the supposed incurable in an institution by themselves, whatever may be its original character, it degenerates from day to day until it becomes—as has been expressed—a perfect “hell upon earth.” Place even a good man in charge of such an institution, with the idea that his main object must be to save money, and then with the disposition to save ourselves trouble, it will inevitably fall into the condition in which these institutions have been found in every part of the world. It may be asked why this does not occur in the asylums as they now exist? If there were no other reasons, the fact that there is a constant stream of visitors to them, that the friends of the patients are looking into their condition, the knowledge there is on the part of all the officers and employés, that persons are recovering and going out into the world to report the condition of the institution and the treatment they receive, is sufficient to explain the difference. It may be said that the sense of duty, which every man ought to feel, should lead him to do right, whether his conduct is exposed to the world or not. That is quite true—entirely correct in principle—but we have, in these institutions, to deal with all classes of people, and it will not do to rely upon the conscientiousness with which men ought to perform their duties. It is a great deal better, in addition to whatever principle and whatever amount of faith we may

have, that there should be a little watching. The knowledge that there are persons passing from the institution, and that there are persons in the institution who are able and will look into their interests, will go very far to keep these institutions in proper condition. Nothing of this kind occurs in institutions exclusively for the chronic insane. There are very few persons who will suffer their friends to go there if they can avoid it; and persons sent there, as a matter of necessity, will not be likely to receive great attention from their friends. I repeat, in conclusion, that it is only necessary to look into the character of institutions which have been established for incurables, to show their utter destructiveness, and I hope no such system will ever be adopted in this country.

DR. WALKER—Mr. President: I do not stand here to-day as the advocate of the separation of the chronic from the acute cases of insanity, or, in other words, the separation of the curable from the incurable. Whenever that question is presented by itself alone, I shall always be found on one side of the line. I cannot conceive any other position which an enlightened, experienced superintendent of an asylum for the insane can possibly take. We have, in every hospital, a large class of chronic cases who require, for their own best estate, all the appliances which we are apt to regard as absolutely necessary for the highest success in curative treatment. I cannot conceive it possible that any one can, for a moment, entertain the idea of providing for them elsewhere than in the same institutions and under the same treatment provided for curative cases. At the same time there is, in every hospital, a class of cases in an advanced stage of dementia, and, humanely speaking, in a hopeless state of dementia. I use the term "hopeless" understandingly, having learned as well as others to be very careful how I pronounce any given case utterly incurable. But there is a large class, in all our larger hospitals, of whom it may be said they are beyond doubt in a hopeless stage of dementia; and they form the least desirable

class of patients. They are those who give most trouble to the superintendents, and are most annoying to their fellow-patients, and yet who, beyond all question, require the utmost care and constant attention. But, filling up our wards, as they do, they are to-day keeping away from curative treatment numbers of those who might otherwise be subjected at once to its benefits, and possibly, in many cases, be saved. The question comes up in some of our States. It has come up in Massachusetts, in New York, in New Hampshire, and in Pennsylvania, I think, what shall be done for the growing wants of the community in regard to the insane? I honestly believe that it is utterly hopeless to go before our legislative bodies and ask for further appropriations for institutions for the insane, so long as we insist in declaring that this class must have all the accommodations the best class require. It has become a question of practical utility, and we must meet it as practical men. We cannot avoid the responsibility. It is useless for us to fortify ourselves behind theories, and say to our communities, "you may go thus far and no further; we cannot help you, and will not go beyond it." It has come to this: that, in many of our communities, unless we take hold of this subject, as practical men, and guide our communities in a safe and proper direction, they will take the matter in their own hands and go on without us. I venture the assertion that it is utterly hopeless to attempt to provide immediate hospital accommodations for all the insane in the State of Massachusetts. As the superintendent of an asylum I would be glad to see it done. As a practical man, if a member of the Legislature, I could not honestly vote for it. Our communities are weighed down and overburdened with expenses. They hold out their hands to us to-day, liberal as they have been in every requirement heretofore, and ask us, can you not devise some means of relief for us here? If we fold our hands and shut our mouths against them, what will be the result? In my judgment, we shall be told by our people that they cannot incur the expense of the additional hos-

pitals required, and that they will take the matter into their own hands if we refuse to guide them.

Such were the reasons which induced the committee to draw up the resolutions presented to the Association—not in all respects what they desired, yet intended as a practical compromise of the question. When we cannot do what we will, let us do the next best thing and save the worst. I appeal to you if that is not the part of practical men, and wise men? It is useless to stand in this Association and make use of poetic terms in describing the misery and despair of this unfortunate class of human beings. There is no man who feels it more than I. But it is useless to tell me of the extreme sensitiveness of the man so perfectly demented as not to know enough to go to his meals. It is not so, and it is not wise in us to make such appeals to our sensibilities. I think we can do for that degraded class of our patients all they require to have done in that condition, and having done that, I believe we have responded fully to the call upon our sensibilities.

With this question so fully determined before the discussion was entered upon, it matters very little what resolutions are presented. The very first member who spoke upon them, utterly ignored the signification of the resolutions, and declared that they in effect, yielded the whole question, and advocated the separation of the curable and incurable. And so throughout this discussion, hardly an allusion has been made to the resolutions presented. My friend, Dr. Earle, did allude to them, and both Dr. Tyler and Dr. Earle said in relation to resolution No. 5, that if the selections could be made with judgment and safety, they would be in favor of it. Yet from the outset no member has offered a suggestion to make that resolution perfect. There is, in parts of our country, an extreme want in regard to this matter, and members have chosen utterly to disregard that want. The committee have reported what seemed to them a wise, careful and judicious

means of meeting the difficulty. But no one has attempted to suggest improvements of the plan we have proposed, in order to make it acceptable to the Association and profitable to the community. Your Committee say that "demented persons in whose cases the disease is chronic and advanced, may, with propriety, be provided for in institutions other than hospitals; but always in buildings constructed expressly to meet the requirements of their peculiar condition, with such arrangements and provision for their care and custody as shall effectually secure them from the danger of abuse and neglect, to which, as a class, they would otherwise be specially liable, and under the entire control of a resident physician. The persons to be provided for as above, should be selected by a commission composed in part, at least, of experienced Superintendents of hospitals for the insane, and no one should be thus provided for who has not previously enjoyed the benefit of hospital treatment." Now if there is not sufficient protection in a commission composed in part of experienced Superintendents, then why is the motion not made to amend so that the commission shall be composed wholly of experienced Superintendents, a majority of whom could hardly mistake any given case?

It has also been intimated by some of the speakers, inadvertently, no doubt, that the committee have advocated the building of separate institutions as an economical movement, whereas the declaration they really made was, "it is unwise and opposed to pure humanity as well as to economy, to attempt to make the labor of the insane remunerative, or even as a primary object, contributive to their support." These are my present sentiments in that respect; that in no hospital is it wise to attempt to make the labor of the insane contributive to their support as the object of their labor. Give them all the labor you can, for their own personal benefit and improvement, and if the result shall be remunerative, let it go towards their support; but never make that the object of furnishing them with labor.

Having thus explained the motives of the committee, and called your attention renewedly to the point they have made in their resolutions, I have only to say again, that the committee felt that they were actuated by the highest motives of benevolence and kindness to the insane, and also by a sense of duty to the community. The Superintendents who object to putting this class of patients away in a building provided expressly for them, under all the safeguards you choose to throw around them, are, as we all know, from the want of capacity and room in their institutions, compelled, week after week, to send out this very class of patients into the poor-houses, jails and county receptacles throughout the State. If it is such a wrong to do what we propose, is it not a positive, terrible wrong to do what they are doing constantly year after year, without in their annual reports protesting loudly and earnestly against it? Yet they are silent, and the thing goes on increasing in its extent and misery. I do not believe in the separation of the two classes, the incurable from the curable. I do believe, however, as a practical measure, in taking this matter into our own hands, and indicating in some way our willingness to coöperate in some practical measure of relief. Those who are now turned adrift into cages, jails and poor-houses, will not suffer from being transferred into comfortable homes. And when we undertake to say to the community that persons in our hospitals, so utterly demented that they do not know enough to go to the table to eat; that they do not know enough to obey the ordinary calls of nature; are so sensitive as to be miserable if they are deprived of the moral and social, and intellectual advantages of our highest institutions, it is my deliberate judgment that we outrage the enlightened common sense of the community, and destroy our own influence as practical men.

DR. BROWN—Before Dr. Walker leaves the subject, I beg to ask him a question. I may say that I can sympathize from the experience I have had, with the views of Dr. Walker in

this matter, having occupied a position identical with his when I was in connection with the Asylum at Blackwell's Island, and I would like to ask his views upon the practical question, what he would recommend in reference to the institutions of the large cities like Boston and New York? The population of such cities, of course, forms a concentrated community, differing only from the rural population in the fact that a very large number is collected within a small territory. Now, the whole theory of this question may be tested by deciding what would be proper accommodations for the insane of all classes in such a community, and then applying the result, with such modifications as circumstances may require, to larger and more sparsely settled areas. I would, therefore, like to ask Dr. Walker whether, for the large cities, he would separate the two classes in distinct institutions, or whether he would object to the annexation of a department for the chronic insane to his own institution, to be under his general supervision, with competent assistants to have their immediate care? The advantage of such an arrangement, in a large city, over the same arrangement in the rural districts, would be that the incurable would still be in the immediate neighborhood of their own acquaintances and friends. If Dr. Walker thinks there would be no objection to such an appendix, to our ordinary hospitals, it seems to me that is all that could be desired anywhere. As I said before, any views upon this subject have always been somewhat latitudinarian. I see no such objection to such an establishment in connection with and under the same general supervision of our ordinary asylums, and it seems to me the whole object could be obtained by the extension of our asylums to a reasonable limit, better than by separate asylums for the chronic insane or hopeless cases.

DR. WALKER—In answer to Dr. Brown's question, I will say, that the resolution offered by the committee did not go in to that part of the subject at all, for the reason that everything could not be provided for in a single resolution. I see

no objection to appending these buildings to any of the State hospitals. In our own case, in Boston, whenever the number of that class becomes so large as not to be able to properly accommodate them; whenever, for instance, more than 300 accumulate, which is the number we can accommodate, I should advocate the erection of a contiguous building, especially for this class of chronic insane, to be under the same direction. This very question came up on a small scale, in our institution, within the last year, and without reference to any general plan, we settled it upon its own merits, with probably not more than 180 patients on the average; still, we are overcrowded at times. A member of the Board of Trustees applied to me for a list of persons, who, in my judgment, could be comfortably provided for in the alms-house of the State. At his request I made out a list of about twelve, I think, out of the 180, who, for anything I could see, might be comfortably provided for in our alms-house at Boston. At the same time I was compelled, on sending the list to him, to send also a note utterly disclaiming any responsibility for that disposal of them. I did not believe there was anything in the condition of our hospital, at that time, to warrant the separation proposed. If such separation were ever to take place, I should advocate the erection of an additional building, contiguous to our own, for the care of this class of patients. In the State of Massachusetts, as in other States, there is a very large class of these people; enough, if congregated together, to occupy a hospital, and a very large one, too, and I see no objection whatever to their being divided among the different State hospitals, and accommodations provided for them.

THE PRESIDENT—Allow me to inquire of Dr. Walker, in what way he proposes to economize in the institutions he proposes to establish over the care of these people in our present hospitals, which are provided with every convenience and comfort?

DR. WALKER—I should think a good deal of economy might be practiced, both in the building and in the diet afforded. I do not refer now to the quantity or quality of the food; but to the variety of it. I think a saving may also be effected in the number of attendants provided. These persons, many of them will not participate in, and care nothing about the amusements of the institution, and so in respect to riding and walking. I can see a good many ways in which quite a saving of expense may be effected. Any Superintendent who has not given his attention to the subject, will be surprised to find how much, in the aggregate, will be saved by the reduction of the cost to each patient of a single cent for each meal. At the end of the year, you will find the amount saved, in a large institution, is very considerable. I know that in some of our State institutions, those who have given most attention to the subject, have been surprised at the amount of saving they have effected in the aggregate, without depriving their patients either of a single comfort.

DR. EARLE—I should like to ask Dr. Walker, whether, upon reflection, he really thinks the number of attendants could be reduced? It strikes me the number would be much more likely to be increased, if all the really chronic, demented, advanced cases were taken out of the hospital and put into a separate building. I really think a larger number of attendants would be required for their care, than under the present system.

DR. WALKER—That is not my impression. I think more could be taken care of in one ward, and if so, of course, there would be a saving in the number of attendants, while they would be just as well taken care of as now.

DR. GRAY—I wish to make a single remark. I do not know whether the gentleman alluded to me, as one of those who had shut my mouth and kept it shut, instead of remonstrating against the inhuman practice of caring for these people

in the jails and alms-houses. I may say here, that if the remark applied to me, it was hardly with a full recollection of what has occurred. I have remonstrated in my annual reports, year after year, against this practice, and have taken every occasion to call the attention of the community to it.

One other remark: The member of the Committee reporting these resolutions, has touched upon the actual mode of cheapening he proposes to adopt. I have nothing in addition to say, in regard to the question of diet, to which he alludes; but he would cut off walking.

DR. WALKER—Not at all. I said the walks and rides might be lessened, but not dispensed with.

DR. GRAY—Then he would limit the privilege of walking, on the part of these patients, and his institution would gradually sink into the institution Dr. Brigham has so graphically described. I am glad Dr. Chipley has quoted from Dr. Brigham.

DR. LOCKHART—No subject discussed before the Association has so much interested me as this one, because our people are very much interested in it. In Indiana, as in Massachusetts and other States, the subject of establishing separate institutions for the chronic insane has been mooted, and I may say that, if the question is to be presented in the shape of whether it is better to establish public alms-houses or second rate asylums, in place of allowing these people to remain in the county poor-houses and in the jails, which are still used to some extent for the confinement of the insane, I should be in favor of such places of refuge as those now proposed, if we could not obtain better.

We have in the State of Indiana more than 1,000 incurable insane. That estimate is within bounds, according to our census reports, and referring also to a special census taken by my predecessor. The hospital of which I am Superintendent, when full, will accommodate only about 300 patients. Now,

what shall be done for the other 700 or 800 patients? Shall we try to urge up our Legislature to the erection of three new hospitals now, commodious, well-appointed hospitals, or shall we adopt a system like the Willard Asylum, or on the plan we are now discussing? I confess that I hesitate very much in consenting to recommend the establishment of an institution of a lower grade than that of the hospitals in the country generally. There are abuses even in our hospitals, as well regulated as they are. In the State of Indiana, 17 years ago, our hospital was enlarged into an institution creditable to the State, and to the people of the State, at that period, and our Commissioners and law makers rested entirely satisfied with what had been done. And I feel sure that if we were to adopt asylums of a lower grade, in the different quarters of the State, to accommodate these 1,000 insane, our people would again become self-satisfied, and leave us with second rate institutions for the insane, which, in the end, would become disreputable and disgraceful. I fear this would be the tendency of the adoption of such a system. From my knowledge of the asylums and hospitals we have, I know how difficult it is for us to keep up an institution, proper and creditable in its character, and efficient in its operations, as a refuge for the insane. With all the safeguards thrown around our institutions, with all the reports we are required to make to Governors and Legislatures, with all the appliances at our command, with all the inducements held out to us, to keep our institutions in the best condition possible, I know that we do not do too much for the insane as it is. And if we are to establish new asylums, with fewer advantages and capabilities, much less will, of course, be expected from them, and the result will almost inevitably be a great deal of deprivation, suffering and misery.

Our Legislature, at its last session, I am happy to say, made an appropriation for the enlargement of our present hospital for the insane. We hope, at the next session of the Legislature, greatly to increase the amount of the appropriation, and

the Commissioners and myself have purposed, and still purpose, that the money appropriated shall be used in building an addition to our hospital, as complete, as perfect, and even more so, in all its parts, than the old building; but in respect as to what shall be done in future, I am satisfied much depends upon the decision that we make here to-day. If the Willard Asylum shall be decided to embody a plan that ought to be fostered, other States will imitate it, and perhaps our own State will build an asylum of this sort. This question, as I said, is forcing itself upon the communities; we have to meet it in some way. Even in the well-regulated State of Massachusetts—a model in all these enterprises—we know that the Asylum at Northampton is practically a resort for the incurable insane. This thing is unavoidable; you cannot help it. In our institution, we are from year to year turning away these chronic patients to make room for new cases, and we think we do right; for, after a case has been under treatment two or three years, the probabilities of recovery have, of course, very much lessened, and a greater amount of good may be done, as we cannot accommodate all, by requiring them to give place to cases of perhaps a few days' or weeks' standing, of which the hope of being able to benefit is greater. I learn from Dr. Kirkbride, that the number of insane now in the almshouse of Philadelphia is near 600. So that, in the wealthy State of Pennsylvania, with its well-appointed hospitals and asylums, capable of accommodating great numbers of patients, the chronic insane, in large numbers, are, after a time, forced into the almshouses. Perhaps, if we consented to the erection of these institutions, and gave them the designation of almshouses, instead of calling them asylums or hospitals, we should find the use of that term less objectionable.

DR. NICHOLS—If the Doctor will allow me to interrupt him, without wishing to impair the force of his argument at all, I would like to have a proper impression made in respect to the character of the Philadelphia Almshouse Hospital for the

insane, or rather insane department of the alms-house, because the effort is being made, and in a good degree successfully, to make that an hospital for the curable, organized as our State institutions are, and carried on with the same degree of efficiency. If it has not improved as rapidly as its friends desired, it has still greatly and steadily improved. It has a medical Superintendent who has no other duties, and who is endeavoring to make it a desirable hospital, substantially like our other institutions. I think it is due, not only to the Superintendent and medical officers, but to the general issue in question also, that the true character of that institution should be stated.

DR. LOCKHART—The fact Dr. Nichols has expressed, I was about to state. I have visited the Philadelphia Alms-House, and was pleased with its management as such. I was about saying that, in consideration of having regular medical attendance and officers, and in consideration of its being so well regulated an establishment, although called an alms-house, would it not be better to establish in the States, institutions for the incurable insane, giving them the designation of alms-houses? Now, take the Philadelphia Alms-House as an example. The result would certainly be good in sending such persons there, in comparison with our county poor-houses and jails.

THE PRESIDENT—The Chair will remark, in respect to the Alms-House at Philadelphia, that the insane department is entirely distinct from the alms-house, although in the same general building. We regard it as a hospital for the insane; but its present position is not regarded as satisfactory, and the proposition now is to remove the insane department entirely from the alms-house, and erect a separate institution for that purpose.

DR. LOCKHART—The proposition I am discussing is, to establish an alms-house hospital, with a regularly paid superintendent and medical corps to care for the insane, who are now inmates of our jails and poor-houses.

THE PRESIDENT—Then you make a regular hospital.

DR. LOCKHART—Yes ; but I propose to call it an alms-house.

DR. NICHOLS—What is the benefit to accrue from calling it an alms-house?

DR. LOCKHART—There has been, since this discussion commenced, an expression on the part of almost every one, that the establishment of asylums, on the Willard plan, would have the effect of degrading the business of taking care of the insane. If, therefore, institutions, having a lower standard as hospitals, are to be established, the idea I suggest would be to change the name, rather than to change the reality ; for, I believe it is a fact—I know it is with our people—that our communities are now so burdened with taxation as not to feel able, at the present time, to provide ample, commodious hospitals for the insane, regulated in every respect as they ought to be for recent cases, sufficient for the accommodation of all these unfortunate people who ought to be cared for. It would require the expenditure of a million and a half dollars to do it in Indiana, and if the appropriation cannot be obtained, will it not be better—although I am opposed to anything less than a well-regulated hospital—to provide some intermediate establishment, under which these people can be better cared for than at present ? The fact cannot be ignored, that the necessity for something to be done is very great. Our jails and poor-houses contain many epileptics, dangerous in their character, and there is no proper place to provide for them ; and, unless we agree to have something of this sort for their benefit, they will not be provided for. I say, therefore, the question is whether, under these circumstances, it is not better to have second class hospitals, which shall provide, in a measure, for our immediate wants ? But, at the same time, I shall vote against any proposition of this sort, as a general proposition, and shall try my utmost to urge our people up to the point of providing four hospitals for the four quarters of our State.

Dr. NICHOLS—It has long been an impression on my mind that, in many of the States of the Union, which have at least one first class hospital for the insane, the wants of the community are not entirely accommodated by that institution, even in the care of recent cases. And I think that view is demonstrated by the paper which Dr. Jarvis has recently prepared and published in the *JOURNAL OF INSANITY*. The first reason why I desire hospitals for the insane to be multiplied in a State is, to afford better facilities for the treatment of recent and probably curable cases. Now, suppose we get such a number in each State as will make them accessible to all the people of the State, the thought has been uttered by Dr. Chipley and perhaps other members of the Association, but it seems to me has not been sufficiently considered, that it is of the first importance to have a certain proportion of curable cases in every hospital for the insane, in order to keep them up to the curable standard, and in order to keep them up to a humane standard. I do not believe it can be done in an hospital in which all minds are impressed with the idea that there is nobody in that hospital who is ever going to be cured. I do not believe it can be kept up to a humane standard, or that the people will be made comfortable in it.

Another idea I wish to express in this connection, and it strikes me, a valuable one, in reaching the proper conclusion in relation to this very important question now before us, is this: Suppose we get, as in Massachusetts, and perhaps in Ohio, such a number of what we call curative institutions as will accommodate the people of those States, and that they are accessible each to the people of its district. Then comes up the question, which is now pressing in Massachusetts, for example, of taking proper care of the incurable insane. It is, as Dr. Walker justly remarks, a question of economy with the public. Now, it seems to me as demonstrable as anything perhaps can be, because it is arithmetically demonstrable that it will cost less to add suitable accommodations for the incu-

nable insane to the institutions already existing, and have that class of insane taken care of in connection with the curable cases, than it will be to erect and conduct such separate institutions for the incurable insane, as any one member of this Association would be satisfied with. I do not propose to go into a demonstration of this proposition. It seems to me it is self-evident. I throw out the suggestion because it is to me a very important one. All these provisions for the insane of all classes were had in view, in submitting the propositions which I submitted, yesterday, in lieu of any extended remarks on the subject.

Now, I do not know as it has been insisted by any member who has addressed the Association, that the incurable insane shall be kept largely, or even at all, in wards with the curable. If you have curable insane enough to fill the present hospitals, when you come to enlarge these hospitals, I see no objection to erecting separate buildings in connection with them for the incurable. Dr. Kirkbride has demonstrated that such a plan can be pursued successfully, and I think it a wise course, certainly, in the Doctor's case, and I have no doubt it would be in perhaps most others. But I see no objection to putting a curable insane person in that building, provided it is a good one, or of taking the present building for the incurable, and erecting another for the curable. The thought I wish to impress upon the members of this Association is, that you are not going to cheapen the care of these people by erecting and conducting such separate hospitals, of a character such as any member of this Association would be satisfied with. And as the question is one of economy, as is conceded on all hands, so far as the community is concerned, it is of the utmost consequence to the welfare of the insane, that we should take the view, if it be a correct one, that it really is not an economical measure to build these separate institutions.

DR. CHURCH—I believe it is a fact that some of the States have made ample provision for all their insane. The State of

Vermont, for instance, has made provision for the accommodation of one for every 720 of its population, and I take it for granted that is all which would be required. Now, the question occurs to me whether insanity is more prevalent in other States than in Vermont. Massachusetts has not made so large a provision proportionately. The capacity of the institutions in that State, I believe, amounts, in the aggregate, to one for every 1,025 or 1,030 of its population.

In my own State, the people have always been ready, and have urged the Legislature to make more ample provision. The people never have objected to any provision that has been made for the insane. The only class by whom we have been met with opposition in these matters, have been those in official position. I do not know that I have ever heard an intelligent person, outside of the Legislature, express opposition; but, on the contrary, the people have been constantly urging every Legislature to make more ample provision for the insane. Before the war, provision was made for the erection of another asylum, costing a quarter of a million of dollars. That, unfortunately, was burned in 1860. Since that period, another quarter of a million of dollars has been appropriated for the r  rection of that building, and the work was prosecuted even during the war, when wagons and teams had to be guarded by the military, for five or six miles from the institution, against the depredations of guerrillas. I believe our Legislature will be induced soon, and I hope at its next session, to make further provision for other institutions, not of a lower standard, but, if possible, of a higher standard than those we now have, so as to provide for all the best means of recovery, and to provide for those who do not recover, all the care and comforts such institutions are capable of affording.

The question has been asked, and there has been no satisfactory answer to it, how will these institutions be made more economical than if this class of patients is retained in our regular asylums and sufficient accommodations provided for

them? For instance: we have a large ward with perhaps forty men in it. Every morning, after breakfast, every man in that ward has the same occupation. Two or three remain to attend to matters about the ward; some assist in the kitchen, some in the boiler house, some in the laundry, some on the farm, and some in the garden. The two men who have charge of that ward going with certain parties, and others with other attendants. At 12 o'clock the bell rings; they all réassemble, take dinner, take their proper rest, and go out again in the afternoon. Will any one tell me how those forty men can be more economically supported in an institution professedly for incurables than in an hospital so organized? To save my life, I cannot conceive how they can be more cheaply supported in such an institution than in a regular organized hospital, receiving curable patients as well as incurable.

THE PRESIDENT—With the permission of the Association, I will say a word or two upon this subject, merely to indicate that I have not changed my sentiments in reference to this question, in consequence of the argument to which I have listened, in this discussion. The subject was so fully considered in my last report, that I am sure gentlemen will know what were my opinions at that time. If I were to write it again, I can only say, I should use a little stronger language than I did then, on the same side of the question. I have really been anxious to learn from some of our friends, who take a different view, where anything is to be gained. If we believe, and are able to convince our legislatures and our citizens, that there is to be no economy in it, they will certainly have no disposition to carry out this system of separate institutions, for the so-called incurable. It was for that reason, that I asked the question of my friend, Dr. Walker, whose ability on the subject of political economy we all know, and I will confess that his reply to my question was not entirely satisfactory. If the chronic insane are going to require about as much food; about as much clothing; about as much warmth

in winter; about as much fresh air, and all these things, as the curable insane, I think, when we are treating the curable insane, we can take care of the chronic insane with more economy really than they could be cared for in a separate institution. I speak for myself, when I say that our expenses, for the supposed curable insane, and for the chronic insane, treated in connection with each other, are less than it would be possible to provide for them separately. Then again, in our institution, some of the most useful people about the hospital, are those who are really incurable, and have come to spend their lives with us. That has been my experience during my whole connection with the Hospital.

In regard to further provisions for the accommodation of a large number of patients, I think my friend, Dr. Lockhart, has given the true principle on which a solution of all these difficulties is practicable. The trouble is, we have not faith. If we have faith in our legislatures, and in the people they will not disappoint us. I have faith in the people of Pennsylvania, as I have reason to have faith in the people of Philadelphia. If we have asked for means to provide new hospitals, which have not been granted, the reason has been, that the people have not had the importance of it shown to them. I venture to say, there is not a community in this land, which, if properly informed and educated, in respect to the wants and requirements of these people, that will not be ready to meet those requirements. There are some communities, in reference to this subject, which are like taking children who have not been cultivated into cultivated families. You have to educate them, before they will understand even what they want. Get our people to understand what is wanted, and they will do it. The annual expense required for this purpose, from any individual tax-payer, is so small, that I say to my friend, Dr. Lockhart, he can hardly find an individual in his State who would not be ashamed to say he would not be willing to contribute his portion for the four institutions required in the State of Indiana.

Then, in regard to the Willard Asylum, about which so much has been said, I should like very much to understand whether it is to be a cheaper institution than the ones already existing in Vermont or in New Hampshire. If I am correctly informed, it is likely to be more costly. I understand that more money has been expended for the site than has been paid for that of any other asylum in the United States, and that by the time it shall have been completed, instead of being the cheapest, it will be the most costly institution in the Union. I may be in error. I speak from what I suppose to be good authority, and if I am wrong, will thank any gentleman to correct me. My own opinion is very decided that, all our insane should be provided for in regular asylums. I can understand how certain classes of patients may be provided for, more cheaply than others, in our regular institutions. It is entirely practicable, to place in certain wards, a class of supposed incurable patients, who need not have mirrors, parlors, billiard-tables, or anything of that kind. But in many other things, they cannot properly be deprived of any of the advantages required for the curable, and many of the chronic insane require even more warmth and ventilation, because their condition is such, with less vigor of circulation, that more warmth and more fresh air is absolutely necessary, than for curable patients. It is the safest, most humane, and in my judgment, the most economical plan to provide for all this unfortunate class of people, in the manner that shall give them the greatest amount of comfort, and the best chance of recovery. I will not detain the Association longer. I only desire to put myself on record, as not having changed my opinion upon this subject. There is one thing that, perhaps I ought to say before I sit down, that my information, in regard to the cost of the Willard Asylum site, did not come from any member of this Association.

DR. EARLE—I should like to ask Dr. Lockhart, what evidence he has that the people of Indiana will not erect more asylums?

DR. LOCKHART—Dr. Athol, my immediate predecessor, for a period of ten years, annually appealed to the people, to the Governor, and to the Legislature, for “more room, more room,” until the appeal has become chronic in the State of Indiana, so that I did not even mention it in my report of last year. These reports were very widely circulated.

We are about making another effort. I am getting out blanks to send into each county, asking petitions to be signed by the doctors, lawyers, ministers, and other influential men, in the community, for this purpose. Miss Dix has consented to visit us next winter, and I hope that, through all these agencies, we shall succeed in obtaining a liberal appropriation.

DR. JONES—It is demanded at our hands, that we should consider a system of economy; under which the insane, in our respective States, may be cared for at less expense than heretofore. The gentleman from Indiana, is, I think, an exception to the general rule. As often as I have seen reports of Superintendents, especially those having charge of State institutions, I have seen that they had cause to felicitate themselves, that all their requests in regard to supplies and appropriations of every description, needed for their institution, have been cheerfully granted upon the part of the legislatures. Gentlemen here, all know how liberally their people have contributed, and how cheerfully, whatever they have said, was needed. The Superintendent of the Government Asylum congratulates himself, from time to time, that the Congress of the United States responds to every request made by him, and until we are really appealed to, for a system under which the insane may be cared for more cheaply, the Superintendents of these institutions should be the last to volunteer suggestions on that subject, to the public. Let us, at least, exert such influence as we are permitted to have, to accomplish the provision of whatever accommodations are necessary for all the insane, and when we fail, it will then be time enough to consider some other system.

DR. WALKER—The observations of Dr. Jones, in respect to the liberality of the people, are certainly well merited. The disposition of the members of our legislature, has always been to provide all that is asked for to meet our current expenses. But when we have asked them to appropriate \$250,000 for a new Asylum, they have hesitated before granting it.*

Dr. Cook had no desire to prolong the discussion. The paper he had read, contained a full expression of his views, and he thanked the Association for the kind and courteous manner, in which the subject had been received. But it seemed to him, that the discussion had taken a very wide range, and that much had been said, which had little bearing upon the question presented. And he would here ask the attention of the Association, for a moment, to the main question discussed in the paper he had read. It is therein stated, that if all the insane poor in the State of New York, were now provided for in State Hospitals, he would not come forward as an advocate for a separate asylum for the chronic insane. But the practical application of the laws, under the hospital system in our State, has placed hundreds of them in the county house receptacles, and he did not believe that any human power could put them back into hospitals. And the practical question is, will you continue to uphold this hospital system, under which these poor house receptacles have so rapidly come into favor and power, as the only proper provision? Will you leave these chronic insane in their present misery and degradation, or will you give them something better, even though it be something cheaper than hospitals? We have heard the word “cheap” denounced here in no gentle terms. He cared not how others might sneer at “cheap” asylums and “cheap” men. He earnestly desired the adoption of some system of provision for

* At this point of the discussion the Stenographic Reporter left the room. The remarks of Dr. Cook, which follow, have been written out by this gentleman, since the adjournment of the Association, and kindly forwarded for publication.

the insane poor, which shall be economical enough, or, if you please, "cheap" enough to include them all, recent and chronic, within its provisions. He could not perceive the justice of a system, which in its practical application, leaves the greater number uncared for, and which would then attempt to bar the way by its theoretical propositions, to those who would help this unfortunate class thus left to suffer.

He had not desired to differ from the majority of the Association on this question, but events unforeseen, and beyond his control, made it necessary for him to defend the action of the legislature in creating the Willard Asylum. An experience and observation of eighteen years, had convinced him, that the hospital system alone, as administered in the State of New York, is not adequate to meet the wants of all the insane poor. We have one State hospital and many poor house receptacles. Other States have increased the number of their hospitals. Ohio and Massachusetts each have three, and yet the great mass of the chronic insane, in those States, continue to be insufficiently provided for in alms houses. The same results will follow in the State of New York. The erection of two more hospitals will not abolish a single county house receptacle. No community in the world has ever yet made hospital provision for all its insane. He would not ask the Association to receive this fact upon his assertion. Dr. Ray is good authority for this statement, and he further tells us that such provision is less likely than ever to be made in this country, while we are staggering under the burdens imposed upon us by the great national struggle. Now, he would ask the Association, as a body of practical men, if hospital provision has never yet been made in this or any other country for all the insane, and if we are less likely than ever to make such provision now, what probability is there that hospitals on the present plan of construction and organization, as presented by the propositions of this Association, will ever be erected for the chronic insane that now fill our county poor houses, and

are yearly increasing in number ! By theoretically adhering, exclusively, to the hospital plan, do you not, in effect, help to perpetuate the county house receptacles ! No other conclusion seems legitimate.

Our esteemed President tells us that we should have more faith. But faith must have a foundation upon which to rest, and here is no foundation, except a theory which has failed in practice.

He desired to call the attention of the Association to the remarks which had been made in regard to the new asylum bill, passed at the late session of the New York State Legislature. It has been said that the Legislature, in this bill, had righted itself, and we were left to infer, that a hospital on the plan of our present State hospital had been created.

The bill consists of two sections. The first section provides for the appointment of commissioners. The second section provides that the commissioners may accept a site as a gift, or contract for the purchase of one, and report their action to the next legislature for approval. That is all ; there is no appropriation and no asylum even, of any kind created. It is a mere assumption to say that it is to be an hospital according to the Association's propositions. It may be or it may not ; upon that question he would express no opinion here.

When the paper was read upon provision for the insane poor, in the State of New York, Dr. Gray was absent. In the remarks which he made upon the subject, he took occasion to say, that he did not know what personal allusions had been made in that paper. It seemed proper, therefore, that he (Dr. C.) should now read the extract which he made from one of Dr. Gray's reports. He read from page thirty-one, of the Eighteenth Annual Report. Dr. Gray has there written, that "hospitals, with all the varied appliances for the treatment of acute diseases, must still be demanded ; but for the care of chronic insanity, more simple and less expensive arrange-

ments will be required and adopted." Thus it appears that he, (Dr. C.) is not the only one in the State of New York, who asserts that more simple and less expensive arrangements are required for the care of the chronic insane in our State. He would leave the association to place its own estimate upon the denunciation which had been heaped upon him, (Dr. C.) and other friends of the Willard Asylum, as advocates of "cheapness" and "inhumanity."

In reply to a remark made by the President, about the cost of the Willard Asylum, he would say, that this was neither the time nor place to enter upon that subject. It could not be entered upon, without personal allusions, which he was unwilling to make here. He would simply say, that if the plan of the Willard Asylum was not, originally, as economical as it should have been, some one, other than the friends of the measure were responsible for it.

He desired to thank the gentleman from Kentucky, Dr. Chipley, for the illustration he had given of what may be done by proper classification and organization of labor in the care of the insane poor. Dr. Chipley, says that he has forty-one patients in one ward, under the care of two attendants, and that all those patients, with their attendants, go out to labor. Here are forty-one patients cared for by two attendants, and their labor made available, without extra cost for supervision. This is a practical illustration of what may be accomplished, on a more extended scale, by the Willard Asylum. If all our State asylums had been managed according to the practice of the gentleman from Kentucky, there would not exist to-day the urgent necessity for more simple and economical provision for the hundreds of chronic insane now left unprovided for in county alms-houses. With these remarks he would leave the subject, content to let future events decide the truth or fallacy of his views.

DR. KIRKBRIDE—The gentleman who has just spoken, as the advocate of separate institutions for the chronic insane,

fails to answer the important question put to him, how these institutions are to be constructed and carried on with greater economy than obtains under the present system. If the proposed substitute is to cost as much as the present system, why introduce it at all?

The Association here took up the consideration of the Report or Resolutions of the Committee, and the several substitutes presented therefor.

Dr. Cook presented the following substitute, which received but one vote in the affirmative, viz: that of the mover of the resolution :

The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted, in regard to the construction and organization of hospitals, was not required to meet the necessities of this class, the Association would take the opportunity to record its decided preference for hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the propositions so far as to admit that if the question presented in any State, be: Shall the chronic insane poor continue to be confined in county poor-houses, or shall provision be made for them in special asylums at a less cost than in hospitals? On this question, the Association would accept the special provision, if hospitals were not attainable, and abolish the county poor-house receptacles.

Dr. Chipley offered the following propositions, as a substitute for the Report of the Committee, which were unanimously adopted :

1. Every State should make ample and suitable provision for all its insane.
2. That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments.

Dr. Nichols stated that he desired to offer, for the consideration and action of the Association, the series of resolutions which he had read at a previous period of the discussion, in

lieu of extended remarks, and as expressive of the views he entertained. The passage of the resolutions, offered by Dr. Chipley as a substitute for the report of the Committee, of course, ended the discussion of the subject of the care of the chronic insane. But he (Dr. Nichols) desired to offer these resolutions as independent propositions; and, at this late hour of the session, he hoped the Association would act upon them without discussion. The principles they enunciated were familiar to the members. The resolutions were then read by Dr. Nichols, as follows:

1. The large States should be divided into geographical districts of such size that a hospital, situated at or near the centre of each district, will be practically accessible to all the people living within its boundaries, and available for their benefit in case of mental disorder.

2. All State, county, and city hospitals for the insane should receive all persons belonging to the vicinage, designed to be accommodated by each hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder.

3. All hospitals for the insane should be constructed, organized, and managed substantially in accordance with the propositions adopted by the Association in 1851 and 1852, and still in force.

4. The facilities of classification or ward separation, possessed by each institution, should equal the requirements of the different conditions of the several classes received by such institution, whether these different conditions are mental or physical in their character.

5. The enlargement of a city, county, or State institution for the insane, which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such district, may be properly carried, as required, to the extent of accommodating 600 patients, embracing the usual proportions of curable and incurable insane in a particular community.

The President remarked that one of the propositions of Dr. Nichols was opposed to one that had already been adopted by the Association, limiting the number of patients in hospitals for the insane to 250. He thought two-thirds of the whole number of Superintendents should be present when such a change was contemplated.

Dr. Curwen moved a postponement of these resolutions, which, after some discussion, was carried.

Dr. Earle then moved a reconsideration of the vote on postponement, which, after some debate, prevailed.

Dr. Chipley suggested that the President of the Association had practically violated that proposition, by increasing his institution to about 500, by establishing hospitals for the two sexes under the same organization.

The President begged to deny this. The two establishments, though under his charge, were separately conducted; and he felt it his duty to add that his Board of Trustees would, on his resignation, appoint a medical Superintendent for each. He held this position now, only for the reason that his Board urged it upon him.

Dr. Curwen here remarked that several members had left the room, being compelled to return home, and he hoped these resolutions would not be pressed to vote.

Dr. Nichols stated that several of the absentees had left their votes with him.

Dr. Gray remarked that Drs. Peck and Stanton, of Ohio, on leaving, requested him to cast their votes in the affirmative on the resolutions of Dr. Nichols.

Dr. Chipley moved to vote upon the propositions separately, which was agreed to, and the first four propositions passed unanimously. On the fifth proposition, the ayes and noes were called, with the following result:

AYES—Abbott, Cabanis, Chipley, Earle, Gray, Lomax, Nichols and Van Nostrand—8.

NAYS—Cook, Curwen, Jones, Kirkbride, Lockhart and Walker.—6.

Dr. Nichols then said that the absent members would have voted in the affirmative, but as this proposition had received a majority of those present, it was not worth while to record the votes of the members who had left, particularly, as the Association were aware of their views.

The Association next voted on the propositions, as a whole :

YEAS—Abbott, Cabanis, Chipley, Earle, Gray, Lockhart, Lomax, Nichols and Van Nostrand—9.

NAYS—Cook, Curwen, Jones, Kirkbride and Walker—5.

Drs. Kirkbride and Jones desired to say that they fully concurred in all the propositions of Dr. Nichols but the last.

Dr. Jones thought 250 to 300 were as many as one institution should receive.

Dr. Kirkbride observed that, although it might be practicable to care for a larger number in one institution than the Association propositions established, he thought, at the same time, that, until this proposition, which had received the unanimous vote of the Association, was repealed by a vote taken when two-thirds of all the members of the Association were present, no change should have been made:

